

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Laurie Co
Township Ozark
or
Village
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 474
Primary Registration District No. 5638

File No. 1756
Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Oliver Perry Provence

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF BIRTH Feb. 27, 1825
(Month) (Day) (Year)

AGE 86 yrs. 11 mos. 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Fanner
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Tenn

PARENTS NAME OF FATHER unable to find out
BIRTHPLACE OF FATHER (City or town, State or foreign country) unable to find out
MAIDEN NAME OF MOTHER Leann Amy Smith
BIRTHPLACE OF MOTHER (City or town, State or foreign country) about Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. G. W. Cooper
(ADDRESS) Cash Grove MO

Filed Jan 3 1912 L. J. Gundrovis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 2, 1912, to Jan 27, 1912, that I last saw him alive on Jan 27, 1912, and that death occurred, on the date stated above, at 10:10 P.M.

The CAUSE OF DEATH* was as follows:
Uremic Poison
132.4
98.5
15 1/2 B (Duration) ___ yrs. ___ mos. ___ ds.

Contributory Gas from Campfire (SECONDARY) (Duration) ___ yrs. ___ mos. 22 ds.

(Signed) Oliver Smith M. D. (Address) Cash Grove

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 29 yrs. ___ mos. ___ ds. In the State 29 yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death? Former or usual residence Tenn

PLACE OF BURIAL OR REMOVAL Johns Chapel DATE OF BURIAL 1/28 1912
ADDRESS Kelley's

FADING INK - THIS IS THE BOARD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Lawrence
Township Ozark
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 474 File No. _____
Primary Registration District No. 2-638 Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Oliver Perry Provencher

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>	DATE OF DEATH <u>Jan 27, 1912</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>Feb 27, 1825</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Jan 27, 1912</u> to <u>Jan 27, 1912</u> that I last saw <u>alive</u> on <u>Jan 27, 1912</u> and that death occurred, on the date stated above, at <u>10:10 AM</u> .	
AGE <u>86</u> yrs. <u>11</u> mos. <u>12</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>ruptured</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <u>ruptured</u> <small>(SECONDARY)</small> <u>7 Feb</u> <small>(Duration) _____ yrs. _____ mos. <u>10</u> ds.</small>	
BIRTHPLACE (City or town, State or foreign country) <u>Peru</u>			(Signed) <u>Orval Smith</u> M. D. <u>2/27, 1912</u> (Address) <u>Ash Grove</u>	
PARENTS	NAME OF FATHER <u>W. K. Provencher</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Peru</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>59</u> yrs. _____ mos. _____ ds. In the <u>59</u> yrs. _____ mos. _____ ds. State	
	MAIDEN NAME OF MOTHER <u>Ann</u>		Where was disease contracted if not at place of death? <u>Peru</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Peru</u>		Former or usual residence	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. G. M. Copeley</u> (ADDRESS) <u>Ash Grove, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Johns Chapel</u>	
Filed <u>March 28, 1912</u> at <u>Georgetown, Missouri</u> REGISTRAR			DATE OF BURIAL <u>1-28, 1912</u>	
			UNDERTAKER <u>John Kibling, Ash Grove, Mo.</u>	

SUPPLEMENTARY

JAN

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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