

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 Monterey Co
 or
 Township Walker
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 571 File No. 6051
 Primary Registration District No. 5769 Registered No. 12

FULL NAME Steve Pulley

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Not known</u> (Month) _____ (Day) _____ (Year) _____		
AGE <u>About 45 year</u> yrs. _____ mos. _____ ds. _____		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Inmate of County Farm</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>— A — O</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Not known</u>		
PARENTS	NAME OF FATHER <u>Not known</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not known</u>	
	MAIDEN NAME OF MOTHER <u>Not known</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not known</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. B. Martin
 (ADDRESS) California Mo

Filed Feb 13 1912 H. C. Klueber
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13, 1912
 (Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from Nov 16, 1911; to Feb 13, 1912, that I last saw him alive on Feb 12, 1912, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:
Parasitis (General)

83 (Duration) _____ yrs. 2 mos. 27 ds.

Contributory _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. P. Burkholder, Jr. M. D.
Feb 13, 1912 (Address) California Mo

*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 _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Tipton Mo DATE OF BURIAL 2/14 1912
 UNDERTAKER L. Patterson & Son ADDRESS Tipton, Mo

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*, *peritoneum*, 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 septichaemia," "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.)



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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

X

PLACE OF DEATH
County Monticau
Township Wacker
or
Village
or
City (No)

Registration District No. 571
Primary Registration District No. 5769

File No.
Registered No. 12

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

FULL NAME Steve Pulley

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>S</u>
DATE OF BIRTH <u> </u> / <u> </u> / <u> </u> (Month) (Day) (Year)		
AGE <u>about 45</u> yrs. mos. ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Justice of County</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Justice of County</u>		
BIRTHPLACE (City or town, State or foreign country) <u> </u>		
PARENTS	NAME OF FATHER <u> </u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u> </u>	
	MAIDEN NAME OF MOTHER <u> </u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u> </u>	

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>Feb 13</u> , 191 <u>2</u> (Month) (Day) (Year)		
I HEREBY CERTIFY, that I attended deceased from <u>Feb 16</u> , 191 <u>2</u> , to <u>Feb 13</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb 12</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3:30 A.M.</u>		
The CAUSE OF DEATH* was as follows: <u>General Paralysis of the insane</u>		
(Duration) <u>2</u> yrs. <u>2</u> mos. <u>27</u> ds.		
Contributory (SECONDARY) (Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
(Signed) <u>J. C. Bennett Jr.</u> M. D. <u>Feb 13</u> , 191 <u>2</u> (Address) <u>California</u>		
* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mode of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u> </u> yrs. <u> </u> mos. <u> </u> ds. In the State <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
Where was disease contracted if not at place of death? Former or usual residence <u> </u>		

SUPPLEMENTARY

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:
(Informant) B. B. Martin
(ADDRESS) California

Filed Feb 13, 1912 by J. C. Klueber REGISTRAR

PLACE OF BURIAL OR REMOVAL
Upton Mo
DATE OF BURIAL
7/19, 1912
UNDERTAKER
K. Patterson & Son
ADDRESS
Upton Mo

Original file, date FEB, 19

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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1509
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," "Ūraemia," "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.)