

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.

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

PLACE OF DEATH

County Andrew
Township Bay
or
Village Heart Parker
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 11
Primary Registration District No. 5014

File No. 8044
Registered No. 7

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

FULL NAME Pearce H. Hutchfield

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(#Write the word)

DATE OF BIRTH Sept 22, 1894
(Month) (Day) (Year)

AGE 18 yrs. 3 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Corn Hay Stock raising

BIRTHPLACE
(City or town, State or foreign country) New Graham Mo

NAME OF FATHER Charles H Hutchfield

BIRTHPLACE OF FATHER New Graham Mo

MAIDEN NAME OF MOTHER Luzanne Masters

BIRTHPLACE OF MOTHER New Graham Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Cannon
(ADDRESS) Boleskown Mo

Filed Mar 4, 1912. D. E. Miles MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Accidental, 1912, to no Physician, 1912, that I last saw h. alive on, 1912,

and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

While blocking of a large tree that had been felled, washed down into canal causing instant death
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory 1912 B
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) No Physician called M. D. _____, 1912 (Address) _____

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da.

Where was disease contracted If not at place of death? _____

Former or: usual residence. _____

PLACE OF BURIAL OR REMOVAL Graham Mo DATE OF BURIAL Jan 15, 1912

UNDERTAKER Alford Dyer & Sons ADDRESS Boleskown Mo
Prof. J. W. Cannon

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 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.County AndrewTownship Clay

Village _____

City _____

Registration District No. 11Primary Registration District No. 5014File No. 9D 44Registered No. 7[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Pierce H. Whitchfield

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S.
(Write the word)DATE OF DEATH Jan. 14, 1912
(Month) (Day) (Year)DATE OF BIRTH Sept. 22, 1894
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Accidental, 1912 to _____, 1912,
that I last saw h. _____ alive on _____, 1912,
and that death occurred, on the date stated above, at _____ m.AGE 18 yrs. 3 mos. 20 ds.
IF LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Com. Hays stock raisingwhile blocking up a large tree that had been felled, tree slipped fell on his head causing instant death
(Duration) _____ yrs. _____ mos. _____ ds.BIRTHPLACE
(City or town, State or foreign country) Near Graham Mo.Contributory
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.PARENTS NAME OF FATHER Chas. H. WhitchfieldBIRTHPLACE OF FATHER Near GrahamMAIDEN NAME OF MOTHER Lizzie MastersBIRTHPLACE OF MOTHER Near Gillsberg Mo.(Signed) D. E. Miles M. D.
Chas. 1912 (Address) Fleming Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Cann(ADDRESS) Bolchaw Mo.

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 _____

Filed Apr 18 1912 D. E. Miles M DPLACE OF BURIAL OR REMOVAL Graham Mo. DATE OF BURIAL Jan. 15 1912UNDERTAKER Floyd, Dysart & Merc Co ADDRESS Bolchaw Mo.Original file, date MAR 4 1912

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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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.)