

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.

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

PLACE OF DEATH Lincoln
 County Union
 Township Union Registration District No. H90 File No. 14110
 or Village _____ Primary Registration District No. 5653 Registered No. 15
 or City _____ (NO. _____) St. _____ Ward _____
 FULL NAME George Pickett [If death occurred in a hospital or institution, give its NAME instead of street and number].

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word)

DATE OF BIRTH March 16th 1847
 (Month) (Day) (Year)

AGE 65 yrs. _____ mos. _____ 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) _____

BIRTHPLACE (City or town, State or foreign country) Hardin Ills

NAME OF FATHER Wm. C. Pickett

BIRTHPLACE OF FATHER (City or town, State or foreign country) Lincoln Co Ills

MAIDEN NAME OF MOTHER Filornia Colledge

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Calhoun Co Ills

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Filornia Pickett
 (ADDRESS) Clarksville Mo

Filed 4/10/11 1912 W. C. Edgell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 18th 1912, to Mar. 16th 1912, that I last saw him alive on Mar. 15th 1912, and that death occurred, on the date stated above, at 26 m.

The CAUSE OF DEATH* was as follows:
Paralysis
108
87-D 9 1/2
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Pneumonia fever
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. C. Edgell M. D.
Mar. 16th 1912 (Address) Clarksville 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 Clarksville Mo DATE OF BURIAL Mar 17 1912

UNDERTAKER W. C. Duncan ADDRESS Clarksville 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 *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.)



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

PLACE OF DEATH

County Lincoln
Township Union
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 490 File No. 14110
Primary Registration District No. 5653 Registered No. 15

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

FULL NAME George Pickett

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED Married WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Mar. 16, 1847
(Month) (Day) (Year)

AGE 65 yrs. _____ mos. _____ 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) _____

BIRTHPLACE (City or town, State or foreign country) Hardin Ill.

PARENTS
NAME OF FATHER Wm C Pickett
BIRTHPLACE OF FATHER (City or town, State or foreign country) Lincoln Co. Ill.
MAIDEN NAME OF MOTHER J. Corina Elledge
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Calhan Co Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. H. Edgell
(ADDRESS) Clarksville Mo.

FILE 4-37-11 1912 O. H. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 8, 1912, to Mar. 16, 1912, that I last saw him alive on Mar. 15, 1912, and that death occurred, on the date stated above, at 29 m.

The CAUSE OF DEATH* was as follows:
paralysis

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Colony pneumonia fur.
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) O. H. Edgell M. D.
Mar. 16, 1912 (Address) Clarksville 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 Clarksville Mo. DATE OF BURIAL Mar 17, 1912
UNDERTAKER W. C. Newsum ADDRESS Clarksville Mo.

APR 11

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.)