

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		MISSOURI STATE BOARD OF HEALTH	
County		BUREAU OF VITAL STATISTICS	
Township		CERTIFICATE OF DEATH	
Pemislat		Registration District No. 656	File No. 6224
Custer		Primary Registration District No. 2873	Registered No.
City (NO. _____)		St. _____	Ward _____
FULL NAME <u>Alven Amens</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>White</u>	DATE OF DEATH <u>2</u> (Month) <u>26</u> (Day) <u>1913</u> (Year)	
DATE OF BIRTH <u>2</u> (Month) <u>26</u> (Day) <u>1913</u> (Year)		I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
AGE ____ yrs. ____ mos. ____ ds.	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>0-0</u>	that I last saw h_____ alive on _____, 191____,	
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	If LESS than 1 day, ____ hrs. or ____ min.?	and that death occurred, on the date stated above, at _____ m.	
BIRTHPLACE (City or town, State or foreign country) <u>Springfield, Mo</u>		The CAUSE OF DEATH* was, as follows: <u>premature death</u>	
NAME OF FATHER <u>Willis Amens</u>		<u>158</u> (Duration) ____ yrs. ____ mos. ____ ds.	
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Alabama</u>		Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.	
MAIDEN NAME OF MOTHER <u>Florence Gunglus</u>		(Signed) _____ M. D.	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>		<u>8</u> (Address) _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant) <u>Willis Amens</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(ADDRESS) <u>Springfield, Mo.</u>		At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
Filed <u>2/27/1913</u> <u>James A. Jones</u> REGISTRAR		Where was disease contracted if not at place of death?	
		Former or usual residence _____	
		PLACE OF BURIAL OR REMOVAL <u>upper Custer Mo</u>	DATE OF BURIAL <u>2/27/1913</u>
		UNDERTAKER <u>Custer Supply Co</u>	ADDRESS <u>Custer Mo</u>

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*, *Compositor*, *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, peritonaeum*, 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

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

PLACE OF DEATH
County Pemiscot
Township Coutre
or
Village
or
City _____ (NO. _____ St. _____ Ward)

Registration District No. 656 File No. _____

Primary Registration District No. 5873 Registered No. _____

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

FULL NAME Alven Owens

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <i>(Write the word)</i>
DATE OF BIRTH <u>2 - 26 1913</u> (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. <u>1</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Douglas, Mo.</u>		
PARENTS	NAME OF FATHER <u>Willis Owens</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ala.</u>	
	MAIDEN NAME OF MOTHER <u>Florence Douglas</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>2 - 26 1913</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____.
The CAUSE OF DEATH* was as follows: <u>Premature death</u>
Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>W. C. Cooper</u> M. D. <u>4-25-1913</u> (Address) <u>Coutre, Mo.</u>
*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Willis Owens
(ADDRESS) Douglas, Mo.
Filed 4-25 1913 J. A. Jones
REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Upper Coutre</u>	DATE OF BURIAL <u>2-27 1913</u>
UNDERTAKER <u>Coutre Supply</u>	ADDRESS <u>Coutre, Mo.</u>

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

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