

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH **8094**

PLACE OF DEATH

County Benton  
Township Sindsey  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 61 File No. 11

Primary Registration District No. 5097 Registered No. 11

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

FULL NAME Everton Vannatta

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX M. COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF DEATH March 2, 1913  
(Month) (Day) (Year)

DATE OF BIRTH Aug 28, 1835  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 26, 1913, to March 1, 1913, that I last saw him alive on March 1, 1913, and that death occurred, on the date stated above, at 4 m.

AGE 77 yrs. 3 mos. 4 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Septicemia of heart

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

36 (Duration) yrs. mos. 7 ds.

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

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.

NAME OF FATHER Samuel Vannatta

(Signed) M. Jones M. D.  
March 4, 1913 (Address) Lincoln Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) N.J.

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

MAIDEN NAME OF MOTHER Rebecca Everton

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

(Informant) W. E. Egan

PLACE OF BURIAL OR REMOVAL Sumner Sibley Cem DATE OF BURIAL Mar 3, 1913

(ADDRESS) Warren 222

UNDERTAKER J. B. Colbert ADDRESS Lincoln Mo

Filed Mar 2, 1913 M. Jones REGISTRAR

Mar 3-1913 W. E. Egan

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, peritoneum*, etc., *Carcinoma, Sarcoma*, 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.)

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 in very important.

PLACE OF BIRTH \_\_\_\_\_

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

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

County Denton Registration District No. 61 File No. \_\_\_\_\_  
 Township Lindsey or \_\_\_\_\_ Primary Registration District No. 5097 Registered No. 11  
 Village \_\_\_\_\_ or \_\_\_\_\_ City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Evertson Vannatta

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug. 28, 1893  
 (Month) (Day) (Year)

AGE 77 yrs. 3 mos. 4 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Farmers  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS  
 NAME OF FATHER Samuel Vannatta  
 BIRTHPLACE OF FATHER N. G.  
 MAIDEN NAME OF MOTHER Rosea Evertson  
 BIRTHPLACE OF MOTHER Pa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D. E. Elam

(ADDRESS) Warsaw, Mo.

Filed Mar 3 - 1913 J. B. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 2, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 26, 1913, to Mar. 1, 1913, that I last saw him alive on Mar. 1, 1913, and that death occurred, on the date stated above, at 80, m.

The CAUSE OF DEATH\* was as follows:  
Septicemia of hand from external infection  
 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) W. S. Jones M. D. Mar. 4, 1913 (Address) Lincoln, 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 BENEVOLENT 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 Sunny Side Cem. DATE OF BURIAL Mar. 3, 1913

UNDERTAKER J. B. Colbert ADDRESS Lincoln Mo.

Original file, date Mar 3 1913 All information called for must be written on this Supplementary Certificate.

