

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 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Wayne</u>	Registration District No.	<u>894</u>
Township	<u>Cowan</u>	File No.	<u>12007</u>
or		Primary Registration District No.	<u>6196</u>
Village		Registered No.	<u>11909</u>
or			
City	(NO. _____) _____	St.:	Ward) _____
FULL NAME <u>Andrew Jackson Heaton</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	DATE OF DEATH	
<u>male</u>	<u>white</u>	<u>March 13, 1913</u>	
	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)	
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>Feb 21, 1837</u>		<u>Jan 4, 1913, to March 15, 1913,</u>	
(Month) (Day) (Year)		that I last saw him alive on <u>March 2, 1913,</u>	
AGE	If LESS than	and that death occurred, on the date stated above, at <u>7 P. m.</u>	
<u>76</u> yrs. <u>20</u> ds.	1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows:	
OCCUPATION		<u>Mitral insufficiency</u>	
(a) Trade, profession, or particular kind of work		<u>acute indigestion</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>1-02</u>	(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE		Contributory (SECONDARY)	
(City or town, State or foreign country)	<u>Tennessee</u>	(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER	(Signed) <u>P. P. Burton</u> M. D.	
	<u>Silas Heaton</u>	<u>March 16 1913</u> (Address) <u>Lowndes Mo.</u>	
	BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	(City or town, State or foreign country)	<u>Not Known</u>	
MAIDEN NAME OF MOTHER	<u>Rubida Kilgore</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
BIRTHPLACE OF MOTHER	<u>Not Known</u>	At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(City or town, State or foreign country)		Where was disease contracted If not at place of death? _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)	<u>J. P. Heaton</u>	Former or usual residence _____	
(ADDRESS)	<u>Lowndes Mo.</u>	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed <u>March 16 1913</u>	<u>P. P. Burton</u>	<u>Lowndes Cemetery</u>	<u>March 16 1913</u>
REGISTRAR		UNDERTAKER	ADDRESS
		<u>Mc Lane & Kinder</u>	<u>Lowndes 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*, *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.)



THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County Waynes
 Township Cowan
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 894 File No. _____
 Primary Registration District No. 6196 Registered No. _____

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

FULL NAME Andrew Jackson Heaton

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH February 21, 1837
 (Month) (Day) (Year)

AGE 76 yrs. 20 mos. IF LESS than
 1 day, ___ hrs. or ___ mins.

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) Tennessee

PARENTS
 NAME OF FATHER Silas Heaton
 BIRTHPLACE OF FATHER (City or town, State or foreign country) not known
 MAIDEN NAME OF MOTHER Peggy Wilgore
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jno Heaton
 (ADDRESS) Lowndes Mo

Filed March 16, 1913 P. P. Burton
 1913 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 24, 1913, to Mch 15, 1913, that I last saw him alive on Mch 21, 1913,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Metical insufficiency

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Acute indigestion
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) P. P. Burton M. D.
Mch 16, 1913 (Address) Lowndes, 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 Lowndes Cemetery DATE OF BURIAL Mch 16, 1913

UNDERTAKER M. Lane Kinder ADDRESS Lowndes, Mo.

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.)

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