

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
 County Jackson
 Township Cay or ~~Jackson~~
 Village ~~Jackson~~
 City _____ (NO. _____ St.: _____ Ward _____)
 Registration District No. 865 File No. 25236
 Primary Registration District No. 643 Registered No. 12
 FULL NAME Henry D. Brownell
 (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 W SINGLE MARRIED WIDOWED OR DIVORCED W
(Write the word)

DATE OF BIRTH Nov 15, 1836
(Month) (Day) (Year)

AGE 76 yrs. 7 mos. 12 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) None

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

PARENTS
 NAME OF FATHER Henry D. Brownell
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Penna
 MAIDEN NAME OF MOTHER Jane Vanderwater
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penna

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 19, 1913, to June 27, 1913, that I last saw him alive on June 27, 1913, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH was as follows:
Paralysis
81 A
 (Duration) _____ yrs. _____ mos. 8 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J.P. Cavalieri M. D.
27 1913 (Address) Jyrone 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary Brownell
 (ADDRESS) Jyrone
 Filed 7-1 1913 G. H. Harmon REGISTRAR

PLACE OF BURIAL OR REMOVAL Jyrone mo DATE OF BURIAL 6/28 1913
 UNDERTAKER W. E. Kidd ADDRESS Jyrone 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 *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.)



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

CERTIFICATE OF DEATH

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PLACE OF DEATH Texas
 County Texas
 Township Coass or Village _____ or City _____
 Registration District No. 865 File No. _____
 Primary Registration District No. 6143 Registered No. 12
 (NO. _____ St. _____ Ward _____)
 FULL NAME Henry S. Brownell (If death occurred in a hospital or institution, give its NAME instead of street and number) ✓

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>MARRIED</u> (Write the word)	DATE OF DEATH <u>June 27, 1913</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Nov. 15, 1836</u> (Day) (Year) <u>Satisfactory information supplied</u>			I HEREBY CERTIFY, that I attended deceased from <u>June 27, 1913</u> to <u>June 27, 1913</u> , that I last saw him alive on <u>June 27, 1913</u> , and that death occurred, on the date stated above, at _____ m.		
AGE <u>76</u> yrs. <u>7</u> mos. <u>12</u> ds. If LESS than _____ hrs. or _____ min.? <u>Satisfactory information supplied</u>			The CAUSE OF DEATH* was as follows: <u>(Paralysis Bulbar)</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Satisfactory information supplied</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory (SECONDARY) <u>63</u> yrs. _____ mos. <u>8</u> ds. (Duration)		
BIRTHPLACE (City or town, State or foreign country) <u>Penna.</u>			NAME OF FATHER <u>Henry S. Brownell</u>		
PARENTS BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Penna.</u>			(Signed) <u>X H. H. Haverlin X</u> M. D. <u>June 27, 1913</u> (Address) <u>Lyrone, Mo.</u>		
MAIDEN NAME OF MOTHER <u>Lois Vandewater</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Penna.</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Satisfactory information supplied</u> <u>Mary Brownell</u> (ADDRESS) <u>Lyrone Mo.</u>			Where was disease contracted If not at place of death? Former or usual residence _____		
Filed <u>July 1, 1913</u> by <u>G. H. Horman</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Satisfactory information supplied</u> <u>W. E. Kidd</u>		DATE OF BURIAL <u>June 28, 1913</u> ADDRESS <u>Lyrone Mo.</u>

Revised United States Standard Certificate of Death

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

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