

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

PLACE OF DEATH

County Missouri
Township Ohio
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 568 File No. 16 27118
Primary Registration District No. 5765 Registered No. _____

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

FULL NAME Clifford Staples

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARKED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH Feb 1 1904
(Month) (Day) (Year)
AGE 9 yrs 6 mos 17 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

DATE OF DEATH Aug 17 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 13 1913, to Aug 16 1913, that I last saw him alive on Aug 16 1913, and that death occurred, on the date stated above, at 11 a.m.

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

The CAUSE OF DEATH* was as follows:

congestion of stomach and bowels
120 B
118 1/2 (Duration) yrs. 1 mos. 4 ds.

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

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

PARENTS
NAME OF FATHER Geo D Staples
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Matha Griggs
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

(Signed) A Marshall M. D. Aug 17 1913 (Address) Wyatt Mo

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) C. C. Marshall
(ADDRESS) Wyatt Mo

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 _____

Filed 8/17 1913 J. H. Howls REGISTRAR

PLACE OF BURIAL OR REMOVAL Smith Graveyard DATE OF BURIAL 8 18 1913

UNDERTAKER Fair Hill Co ADDRESS Charleston Mo

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.

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

PLACE OF DEATH

County Mississippi
 or
 Township Ohio
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

Registration District No. 569 File No. 114
 Primary Registration District No. 5765 Registered No. _____

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

FULL NAME Clifford Staples

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH.

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

DATE OF DEATH Aug. 17, 1913
(Month) (Day) (Year)

DATE OF BIRTH Satisfactory Information Supplied 1904
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8/17/13 Satisfactory to 8/14, 1913, that I last saw him alive on 8/14 information supplied: and that death occurred, on the date stated above, at 9 m.

AGE 9 yrs. 6 mos. 17 ds. IF LESS than day, hrs. or min.

The CAUSE OF DEATH* was as follows:
congestion of stomach & bowels.
enterocolitis
 (Duration) _____ yrs. _____ mos. 4 ds.

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

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

Contributory (SECONDARY) As Marshall
 (Signed) As Marshall M. D.
Aug. 17, 1913 (Address) Wyatt, Mo

NAME OF FATHER George Staples

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

MAIDEN NAME OF MOTHER Martha J. Biggs

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Satisfactory Information Supplied
 (ADDRESS) _____

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? _____

Filed Aug 17, 1913 E. J. Kowal REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Satisfactory Information Supplied DATE OF BURIAL 8/18 1913
 UNDEBTAKER Satisfactory Information Supplied ADDRESS Satisfactory Information Supplied

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, 8 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

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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.)