

Miller

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

34505

1 PLACE OF DEATH

County Pike

Township 1689

Village Louisiana

City Louisiana (No. 410 N 6th St. 3 Ward)

Registration District No. 1689

Primary Registration District No. 3033

File No.

Registered No. 101

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

2 FULL NAME Edward Sherman Stults

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Apr 10 1866
(Month) (Day) (Year)

7 AGE 49 yrs. 7 mos. 3 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Cooper school janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Cleaning School Bldg

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

10 NAME OF FATHER Frank Stults

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

12 MAIDEN NAME OF MOTHER Mary Kirby

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Fred Stults

(Address) Louisiana Mo

15 Filed 11/14 1915 Fred Stults Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 13 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 15 1915 to Nov 17 1915 that I last saw him alive on Nov 11 1915 and that death occurred, on the date stated above, at 3052 m.

The CAUSE OF DEATH* was as follows: Pericarditis

(Duration) 3 yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J.H. Miller M. D. 11/13 1915 (Address) Louisiana Mo

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place 35 yrs. 7 mos. 3 ds. In the State 49 yrs. 7 mos. 3 ds.

Where was disease contracted if not at place of death? at home
Former or usual residence Louisiana Mo

19 PLACE OF BURIAL OR REMOVAL Louisiana Mo DATE OF BURIAL 11/14 1915

20 UNDERTAKER J. H. Miller ADDRESS Louisiana 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.

RECEIVED EARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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, 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 "*Asihenia*," "*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 septichaemia*," "*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 is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

Pike

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

CERTIFICATE OF DEATH

County *Louisiana* Registration District No. *689* File No. *3033*
 Township *Louisiana* Primary Registration District No. *101* Registered No. *101*
 City or Village *Louisiana* (NO. *101* St. *101* Ward) (If death occurred in a hospital or institution, give its NAME (instead of street and number.)

FULL NAME

Edward Sherman Stults

PERSONAL AND STATISTICAL PARTICULARS:

MEDICAL CERTIFICATE OF DEATH

3 SEX *M* 4 COLOR OR RACE *W* 5 SINCE MARRIED, WIDOWED OR DIVORCED (Write the year) *1916*
 6 DATE OF BIRTH *1916* (Month) *11* (Day) *13* (Year)
 7 AGE *1* yr. *11* mos. *13* ds. or min.
 8 OCCUPATION (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE (City or town, State or foreign country)
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

16 DATE OF DEATH *Nov 13* 191*6* (Month) (Day) (Year)
 17 I HEREBY CERTIFY that I attended deceased from *1916* to *1916* and that death occurred on the date stated above at *1916*
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death *1* yrs. *11* mos. *13* ds. In the State *1* yrs. *11* mos. *13* ds.
 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL *1916*
 20 UNDERTAKER ADDRESS

CAUSE OF DEATH: *Pericarditis (Rheumatic)*
 CONTRIBUTORY: *None*
 (Signed) *H. D. Miller* M. D.
 Address *Louisiana*

SUPPLEMENTARY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)
 15 Filed *1-3-16* 191*6* *Greg Stults* Registrar

Revised United States Standard Certificate of Death

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

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