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 very important. See list of causes of death furnished by local registrar.

# CERTIFICATE OF DEATH

## Oklahoma State Board of Health

### BUREAU OF VITAL STATISTICS

Oklahoma City, Oklahoma

Register No. 34714

1. PLACE OF DEATH — Jasper

County ~~Ottawa~~

Township or Village Webb City

or City Picher No. Street Ward

Registration Dist. No. 417

Primary Dist. No. 302-1

(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.)

2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed" Edward Caudel

**PERSONAL AND STATISTICAL PARTICULARS**

3. Sex: Male

4. Color or Race, as white, or black, mulatto (or other negro descent) Indian, Chinese, Japanese or other

5. Single, Married, Widowed or Divorced Write the word

6. DATE OF BIRTH: July (Month) 31 (Day) 1893 (Year)

7. AGE: 29 yrs. 4 mos. 28 days — If less than one day ____ hrs or ____ mins.

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

9. BIRTH PLACE
At least state or foreign country if known Newton Co. Mo.

PARENTS

10. NAME OF FATHER: Chas. Caudel

11. BIRTH PLACE OF FATHER
At least state or foreign country if known Newton Co. Mo.

12. MAIDEN NAME OF MOTHER: Mary Barrow

13. BIRTH PLACE OF MOTHER
At least state or foreign country if known Newton Co. Mo.

14. The above is true to the best of my knowledge.

Informant Wm Caudel

Address Webb City Mo.

15. Filed Dec 30 1922

R. M. Stormont Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH: Dec. 29 (Month) (Day) 1922 (Year)

17. I HEREBY CERTIFY that I attended deceased, From Sep 6, 1922, to Dec 25, 1922 that I saw him alive on Dec 1, 1922 and that death occurred on the date stated above at 7 A m.

THE CAUSE OF DEATH, *Was as follows:

Pulmonary Tuberculosis 23

(Duration) 2 yrs. ____ mos. ____ days

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ days

(Signed) J. C. Focke M. D.,

12/30 1922 (Address) Webb City Mo

*State the disease causing death or, in deaths from violent causes; state (1) means of injury, and (2) whether accidental, suicidal, or homicidal state whether attributed to dangerous or insanitary conditions of employment.

18. LENGTH OF RESIDENCE (for Hospitals, institutions, transient or recent Residents)

At place of death ____ yrs. ____ mos. ____ days

In the State ____ yrs. ____ mos. ____ days

Where was disease contracted, if not at place of death? Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Webb City Cem.

Date of Burial 12/30 1922

20. UNDERTAKER: J. S. Steele Und. Co.

Address

# Penalty For Violation

## Section 22, House Bill 329, Passed by Oklahoma Legislature of 1917:

SECTION 22: That any person, who for himself or as an officer, agent, or employee of any other person, or of any corporation or partnership (a) shall inter, cremate, or otherwise finally dispose of the dead body of a human being, or permit the same to be done, or shall remove said body from the primary registration district in which the death occurred, or the body was found, without the authority of a burial or removal permit issued by the local registrar of the district in which the death occurred or in which the body was found; or (b) shall refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any certificate or record, required by this Act; or (c) shall wilfully alter, otherwise than is provided by Section 18 of this Act, or shall falsify any certificate of birth or death, or any record established by this Act, or (d) being required by this Act to fill out a certificate of birth or death and file the same with the local registrar, or deliver it, upon request, to any person charged with the duty of filing the same, shall fail, neglect or refuse to perform such duty in the manner required by this Act; or (e) being a local registrar, deputy registrar, or sub-registrar, shall fail, neglect or refuse to perform his duty as required by this Act and by the instructions and directions of the state registrar thereunder, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall for the first offense be fined not less than five dollars ($5.00) nor more than fifty dollars ($50.00) and for each subsequent offense, not less than ten dollars ($10.00) nor more than one hundred dollars ($100.00) or be imprisoned in the county jail not more than sixty days, or be both fined and imprisoned in the discretion of the court.

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

1. PLACE OF DEATH
County: Jasper — Registration District No.: 417 — File No.: 109
Township: — Primary Registration District No.: 3021 — Registered No.:
City: Webb City (No. ..., ... St. ... Ward)

2. FULL NAME: Edward Candel

(a) Residence. No. ... St., ... Ward, ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| M | White | unknown |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. Dec 30, 1922 R. M. Stormont
Per V. S. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 - 1922

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ..., M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19 |
|---|---|
| 20. UNDERTAKER | ADDRESS |

# Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Health Association.)

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**Statement of Occupation.**—Precise statement of occupation is very importa'nt, 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, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.