

ADDRESS

OCT 29 1926

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

19044-113

19044-2

PLACE OF BIRTH

County Center
Township Center
City Center (Name)

Registration District No. 1030
Primary Registration District No. 5006

File No. 19044-2
Registered No. _____
St. _____ Ward _____

2. FULL NAME Carl Yates
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ 159
(b) General nature of industry, business, or establishment in which employed (or employer) _____ 1510
(c) Name of employer _____

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

10. NAME OF FATHER Ray Yates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Center Mo

12. MAIDEN NAME OF MOTHER Miller Kester

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Center Mo

14. INFORMANT (Address) Ray Yates
Center Mo

15. FILED _____ 19 _____ REGISTRAR Center

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1926

17. I HEREBY CERTIFY, That I attended deceased from Apr 27 1926, to June 11 1926 that I last saw him alive on Apr 27 1926 and that death occurred, on the date stated above, at about 4:30 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:

This baby was found at 7 months, and was found dead in bed by parents. (duration) yrs. mos. ds.

CONTRIBUTORY Not fully developed (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. L. Meadows, M. D.
, 19 (Address) Van Buren Mo

*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

Kelly Cemetery June 11 1926

20. UNDERTAKER Eli Sevenson ADDRESS Chickston

... (name ori-
 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 in-
 tercurrent) affection need not be stated unless impor-
 tant. Example: Measles (disease causing death),
 29 ds.; Bronchopneumonia (secondary), 10 ds.
 Never report mere symptoms or terminal conditions,
 such as "Asthenia," "Anemia" (merely symptom-
 atic), "Atrophy," "Collapse," "Coma," "Convul-
 sions," "Debility," "Congenital," "Senile," etc.,
 "Dropsy," "Exhaustion," "Heart failure," "Hem-
 orrhage," "Inanition," "Marasmus," "Old age,"
 "Shock," "Uremia," "Weakness," etc., when a
 definite disease can be ascertained as the cause.
 Always qualify all diseases resulting from child-
 birth 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 rail-
 way 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 undesir-
 able 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, hemor-
 rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,
 necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus."
 But general adoption of the minimum list suggested will work
 vast improvement, and its scope can be extended at a later
 date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
 BY PHYSICIAN.

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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, irrespec-
 tive 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, Locomo-
 tive Engineer, Civil Engineer, Stationary Fireman, etc.*
 But in many cases, especially in industrial employ-
 ments, 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) Sales-
 man, (b) Grocery; (a) Foreman, (b) Automobile fac-
 tory.* The material worked on may form part of the
 second statement. Never return "Laborer," "Fore-
 man," "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 occu-
 pation at beginning of illness. If retired from busi-
 ness, that fact may be indicated thus: *Farmer (re-
 tired, 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: