

DEC 5 1938

Missouri.

CERTIFICATE OF DEATH

State of Missouri, Department of Health
BUREAU OF VITAL STATISTICS
Oklahoma City, Okla.

Register No. 39922

1. PLACE OF DEATH
 County Newton
 Township Five Mile 2
 or
 Village _____
 or
 City Neosho Mo. No. _____ St. _____ Ward _____

Registration
 Dist. No. 611
 Primary
 Dist. No. 6258

(If death occurred in a hospital or institution, give its name instead of street and number.)
 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. 352

2. FULL NAME Charles Andrew Stinson

(a) Residence: No. Neosho Mo. Route 1. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULAR

3. SEX Male 4. Color or Race White 5. ~~Single, Married, Widowed, or Divorced (write the word)~~ Married

6a. If ~~married, widowed, or divorced~~ HUSBAND of Della Stinson
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28, 1892

7. AGE Years 46 Months 5 Days 3 IF LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 years

10. Date deceased last worked at this occupation (months, years) 2 mos 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (City or Town) Orengo Mo. (State or Country) Mo.

13. Name Jack Stinson

14. BIRTHPLACE (City or Town) Unknown (State or Country) 9

15. MAIDEN NAME Della Stine

16. BIRTHPLACE (City or Town) Unknown (State or Country) 4

17. INFORMANT Wife Della Stinson (Address) Neosho Mo., R. R. 1.

18. BURIAL, CREMATION, OR REMOVAL
 Place Hornet Mo. Date 11-1-38 19 _____

19. UNDERTAKER Durnil Funeral Home. (Address) Picher, Okla.

20. FILED Dec 1 19 38 Merle Sparlin Registrar (Address) Neosho Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 31, 1938
 I last saw him alive on 24, 1938, death is said to have occurred on the date stated above, at 6 A. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____

Carcinoma Liver Pathology report 1/38

HO

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home or in public place: _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so specify _____
 Signed W. L. Lawson M. D.
545 (Address) Neosho Mo.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family cook—hotel, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of Onset

1915

1921

July 5, 1927

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of Onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
