

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Barry		Registration District No.	29	File No.	4064
Township or Village	Flat Creek		Primary Registration District No.	4021	Registered No.	5
City	Cassville	(NO. _____) St. _____ Ward _____	[If death occurred in a hospital or institution, give its NAME instead of street and number]			
FULL NAME <i>Porterfield G. Logsdon</i>						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
male	White	Widowed	2 — 15 — 1912 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
October 1 st , 1848 (Month) (Day) (Year)			Feb. 7, 1912, to 2-15, 1912			
AGE			that I last saw him alive on 2-15, 1912			
63 yrs. 4 mos. 14 ds.			and that death occurred, on the date stated above, at 12 A.M.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work <i>Stone mason</i>			<i>W</i> <i>H. Uremia,</i> <i>Probably due to Bright's Disease</i> <i>131</i> (Duration) <i>1</i> yrs. <i>6</i> mos. <i>30</i> ds. <i>132-B</i> Contributory (SECONDARY) _____ yrs. _____ mos. _____ ds. (Signed) <i>S. A. Newman</i> M. D. <i>2/15</i> 1912 (Address) <i>Cassville, Mo</i>			
(b) General nature of industry, business, or establishment in which employed (or employer) <i>5-02</i>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
BIRTHPLACE (City or town, State or foreign country) <i>Nash Co Kentucky</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
PARENTS	NAME OF FATHER <i>Wilbur Logsdon</i>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Kentucky</i>		Where was disease contracted if not at place of death? _____			
	MAIDEN NAME OF MOTHER <i>Priscilla</i>		Former or usual residence _____			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Kentucky</i>		PLACE OF BURIAL OR REMOVAL <i>Cassville Mo</i> DATE OF BURIAL <i>2/16/12</i> 1912			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant) <i>M. S. Logsdon</i>			UNDERTAKER <i>J. E. Horne Cassville Mo</i>			
(ADDRESS) <i>Beaumont Ark</i>			ADDRESS _____			
Filed <i>2/16/12</i> 1912 <i>J. P. Rawhouse Jr</i> REGISTRAR						

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, 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*, *Sar-*

coma, 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 "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.)



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

PLACE OF DEATH

County Barry

Township _____

Registration District No. 29

File No. _____

or

Village _____

Primary Registration District No. 4021

Registered No. 3

or

City Cassville (NO. _____)

St. _____ Ward _____

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

FULL NAME

Porterfield G. Logsdon

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

male

COLOR OR RACE

white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

widower

DATE OF DEATH

Feb 15, 1912
(Month) (Day) (Year)

DATE OF BIRTH

Oct. 1, 1848
(Month) (Day) (Year)

AGE

63 yrs. 4 mos. 14 ds.
If LESS than 1 day, hrs. or min.

I HEREBY CERTIFY, that I attended deceased from Feb 7, 1912, to 2-15, 1912, that I last saw him alive on 2-15, 1912

and that death occurred, on the date stated above, at 106 m.

The CAUSE OF DEATH* was as follows:

Uremia - probably due to Brights disease.

(Duration) 1 yrs. 6 mos. 30 ds.

OCCUPATION (a) Trade, profession, or particular kind of work

stone mason

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country) Hart Co Kentucky.

NAME OF FATHER

Milburn Logsdon.

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

Kentucky

MAIDEN NAME OF MOTHER

Priggilla

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

Kentucky

Contributory (SECONDARY)

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

(Signed) D. A. Newman M.D. 2/10, 1912 (Address) Cassville Mo.

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

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

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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. G. Logsdon

(ADDRESS) Beaver Ark

Filed

Apr 10 1912 J. L. Rawhouser REGISTRAR

PLACE OF BURIAL OR REMOVAL

Cassville Mo. 2/16, 1912

DATE OF BURIAL

UNDERTAKER

J. E. Horne, Cassville Mo.

ADDRESS

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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.)

HOOD