I PLACE OF DEATH				MISSOURI STATE BOARD OF HEALT BUREAU OF VITAL STATISTICS			
Cou	nty Her	yton	************	CERTIFICATE OF DEATH			
	P	 E Enonklin	· · ·		608	93	3 ±00
Tov	waship		Reg	istration Distri	t No.	Tile No.	
	lage			nary Registrati	5×1/2	Registered No	
01		**			The second secon	- 1 1 m H	
	• y, } ***		ÓŇO		St.;		If death occurred hospital or institut
**	•	• • •	Commol	r			give fts NAME ins
	² FULL	ŅĀME	Samuel E	ear.TA		***************************************	of street and number
				***		·	
	PERS	ONAL AND STATIS	I Same -	 	MEDICAL CE	RTIFICATE OF DEAT	TH ' ' ' '
3 SE	Xx	4 COLOR OR RACE	MARRIED	married	16 DATE OF DEATH		762
i.a.	le .	White	I OU DIACUCED	ned		-our	191,4
		!	(Write the word)				(Day) (Ye
6 DATE OF BIRTH					17 I HEREBY CERTIFY, that I attended deceased fr		
	,		ember 21	1.845	well 27 191	3. in Jan.	195
		(Month)	(Day		that I last saw h_dddalive	· " Dan	12 199
7 AGE If LESS the					Barbert Const	_ //	0/17
	•	78 3	24 ds.	ormin.?		the date stated above	ve, end.
				_1	The CAUSE OF DEATH*	vas es follows:	
(a)	CUPATION Trade, pro	ofession, or		_	Dusense	N.	
	ticular kir	nd of work		•••••	The state of the s	······	*********************
par					1,9 1 1 4 4	σ	•
(ъ)	General n	ature of industry	Farmor	7	290 13	J.	•
(b)	General n	ature of industry establishment in ed (or employer)	Farmer	7	19 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Contract of the Contract o	•
(b) bus whi	General niness, or each employ	stablishment in	Farmer	· (, = = =	124 /3		/2/
(b) bus whi 9 BIR (City	General niness, or e	establishment in ed (or employer)	Farmer	· = =	13 G Bure	ition) yrs	
(b) bus whi 9 BIR (City	General nations, or each employ	establishment in ed (or employer)	Farmer		CONTRIBUTORY MA	* * * * * * * * * * * * * * * * * * * *	mos 14
(b) bus whi 9 BIR (City	General names, or each employ	establishment in ed (or employer) mtry) HOTO	Farmer Chio Earley		70.7	* * * * * * * * * * * * * * * * * * * *	of ficer
(b) bus whi 9 BIR (City	General niness, or ech employ RTHPLACE y or town, or foreign cou	mity) Hoio	Ohio		CONTRIBUTORY MA	* * * * * * * * * * * * * * * * * * * *	inflicer
(b) bus whi 9 BIR (City State	General niness, or eich employ RTHPLACE y or town, or foreign cou 10 NAME FATHE	intry) Hoio of Samuel	Chio		CONTRIBUTORY M	* * * * * * * * * * * * * * * * * * * *	of tites
(b) bus whi 9 BIR (City State	General niness, or eich employ RTHPLACE y or town, or foreign cou 10 NAME FATHE 11 BIRTH OF FA (City o	ed (or employer) Intry) HOTO OF ER Samuel IPLACE THER r town, State or foreign con	Chio Earley P.Ap		CONTRIBUTORY MA	* * * * * * * * * * * * * * * * * * * *	officer Laton 4
(b) bus whi 9 BIR (City	General'niness, or ech employ RTHPLACE yor town, or foreign cou 10 NAME FATHE 11 BIRTH OF FA (City o	intry) HOTO OF ER Samuel IPLACE THER TOWN, State or foreign con	Chio Earley Whigh		CONTRIBUTORY MA (Secondary) Dura (Bigmed) 1924 (B	tral Ins	aton ?
(b) bus whi 9 BIR (City State	General niness, or each employ at the LACE yor town, or foreign could not be seen to the Lace of the L	mitry) HOIO OF Samuel IPLACE THER I town, State or foreign con the Control of t	Chio Earley P.Ap	((Signed) (Dura (Signed) (Dura (Signed) (Dura (Signed) (Dura (Signed) (Dura (Signed) (Dura (Bigned) (Dura (Bigned) (Dura	tion) yrs tral Ins tion) yrs tion yrs dddress) Whe	Moa M. Violent Causes, cidal or Homici
(b) bus whi 9 BIR (City State	General miness, or each employ RTHPLACE yor town, or foreign course FATHE 11 BIRTH OF FAA (City or 12 MAIDE OF MC	intry) HOTO OF Samuel IPLACE THER TOWN, State or foreign con EN NAME AWA UNITED THER IPLACE THER TOWN, State or foreign con EN NAME AWA UNITED THER	Chio Earley Early P.A. Whigh		(Signed) (Dura (Signed) (Dura (Signed) (Dura (Du	tion) tral Ins. tion) yrs tion yrs ddress) Middress) Death, or, in deaths from the there are in deaths from the there are in deaths from the there are in the the there are in the there	Moa M. Violent Causes, cidal or Homici
(b) bus whi 9 BIR (City State	General miness, or each employ RTHPLACE yor town, or foreign course FATHE 11 BIRTH OF FAA (City or 12 MAIDE OF MC	intry) HOTO of Samuel IPLACE THER Trown, State or foreign con EN NAME OTHER UNITED IPLACE	Chio Earley Whigh		(Signed) (Si	tion) Tral Ins. tion) yrs tion yrs dddress) Death, or, in deaths from V better Accidental, Suice or Hospitals, Institu	violent Causes, cidal or Homiciations, Transier
(b) bus whi 9 BIA (City States	General'niness, or ech employ RTHPLACE yor town, or foreign could faithful	intry) HOTO OF Samuel IPLACE THER TOWN, State or foreign con EN NAME AWA UNITED THER IPLACE THER TOWN, State or foreign con EN NAME AWA UNITED THER	Chio Earley L. Waight LOWN P.A. T. OF MY KNOWLED	GE 11	(Signed) (Dura (Bigned) (Dura (Bigne	tion) yrs tral Ins tion) yrs to Inselige dddress) Inselige or Hospitals, Institut In the	violent Causes, cidel or Homiciations, Transie
(b) bus whi ship state	General'niness, or ech employ RTHPLACE yor town, or foreign course I1 BIRTH OF FA (City o 12 MAIDE OF MC (City o HE ABOVE I	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con	Chio Earley L. Waight LOWN P.A. T. OF MY KNOWLED		(Signed) (Si	tion) yrs tral Ins tiop) yrs dddress) Whe dddress) Whe beier Accidental, Suic or Hospitals, Institu	violent Causes, cidal or Homiciations, Transier
(b) bus whi ship state	General'niness, or ech employ RTHPLACE yor town, or foreign could faithful	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con	Chio Earley L. Waight LOWN P.A. T. OF MY KNOWLED	GE 11	(Signed) (Dura (Signe	tion) yrs tral Ins tiop) yrs dddress) Whe dddress) Whe beier Accidental, Suic or Hospitals, Institu	violent Causes, cidal or Homiciations, Transier
(b) bus whi ship state	General'niness, or ech employ RTHPLACE yor town, or foreign course 10 NAME FATHE 11 BIRTH OF FA (City of 12 MAIDE OF MC (City of HE ABOVE I	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con	Chio Earley L. Waight LOWN P.A. T. OF MY KNOWLED	GE 11	(Secondary) (Dura (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Control of the second	tion) yrs tral Ins tiop) yrs dddress) Whe dddress) Whe destraction a localis from the cidental, Suite or Hospitals, Institut In the ds. State yrs.	violent Causes, cidal or Homiciations, Transier
(b) bus whi ship state	General'niness, or ech employ RTHPLACE yor town, or foreign course 10 NAME FATHE 11 BIRTH OF FA (City of 12 MAIDE OF MC (City of HE ABOVE I	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con	Chio Earley L. Waight LOWN P.A. T. OF MY KNOWLED	GE 11	(Signed) (Bigned) (Bi	tion) yrs tral InS tion) yrs tion yrs dddress) Whe dddress) Whe dddress) Institution Hospitals, Institution or Hospitals, Institution ds. State yrs ed.	Violent Causes, cidal or Homiciations, Transies
(b) bus whi ship state	General'niness, or ech employ RTHPLACE yor town, or foreign could far	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con EN NAME OTHER UNITED IPLACE OTHER TOWN, State or foreign con EN NAME OTHER IPLACE OTHER TOWN, State or foreign con B TRUE TO THE BEST I d	Chio Earley Larley P.A Wright NOWN P.A TOF MY KNOWLED	igē.	(Secondary) (Dura (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Bigned) (Control of the second	tion) Tral Ins. tion) yrs. tion) yrs. tion) yrs. tion) ddress) Death, or, in deaths from Victor Hospitals, Institution In the State yrs. ed " Date of the State of	Violent Causes, cidel or Homiciations, Transies
(b) bus whi bus whi 9 BIR (Cin State V L W C V L W C V L L L L L L L L L L L L L L L L L L	General'niness, or ech employ RTHPLACE yor town, or foreign course In NAME FATHE I1 BIRTH OF FA (City of I2 MAIDE OF MC (City of HE ABOVE I	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con EN NAME OTHER UNITED IPLACE OTHER TOWN, State or foreign con EN NAME OTHER IPLACE OTHER TOWN, State or foreign con B TRUE TO THE BEST I d	Chio Earley Larley P.A Wright NOWN P.A TOF MY KNOWLED	GE 11	(Signed) (Si	didress) When the Accidental, Suice or Hospitals, Instituted and the Market of Market	Violent Causes, ridal or Homiciations, Transies mos.
(b) bus whi bus whi 9 BIR (Cin State V L W C V L W C V L L L L L L L L L L L L L L L L L L	General'niness, or ech employ RTHPLACE yor town, or foreign could far	intry) HOTO of Samuel IPLACE THER TOWN, State or foreign con	Chio Earley Larley P.A Wright NOWN P.A TOF MY KNOWLED	igē.	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Ann., Z.G. 1974. (Ann.,	didress) When the Accidental, Suice or Hospitals, Instituted and the Market of Market	Violent Causes, cidel or Homiciations, Transies

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 "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Propsy," "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, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; 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.)