

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

Do not use this space.

1. PLACE OF DEATH

County Shannon
 Township Congo
 City Monteer Mo. (No.)

Registration District No. 353
 Primary Registration District No. 6083

File No. 35276
 Registered No. 27
 St. Ward)

2. FULL NAME

Alvin Milton Henry
 (a) Residence. No. Monteer Mo. St. Mo.

Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 6 23

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER James G. Henry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Coffee Co Tenn (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret J. Moffitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vanderburen Co Tenn (STATE OR COUNTRY)

14. INFORMANT Dr. G. V. Miller (Address) Monteer Mo.

15. FILED Dec 25 1925 G. F. Goss REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV-28-1925

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1925, to Nov 28 1925 that I last saw him alive on Nov 27 1925, and that death occurred, on the date stated above, at 5:10 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction

CONTRIBUTORY High Blood Pressure (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED HA

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH, DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. E. Russell, M. D. (Address) Monteer 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 Pleasant Grove DATE OF BURIAL Nov 29 1925

20. UNDERTAKER J. F. Deussen Monteer Mo.

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, Sarcoma*, etc., of———(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *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, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shannon Registration District No. 825 File No. 2
Township Monteer Primary Registration District No. 6085 Registered No. 27
City (No. _____) St. _____ Ward _____

2. FULL NAME

James Melton Henry
(a) Residence No. Monteer, Mo Ward _____ (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>6</u>	<u>23</u>	<u>—</u>

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER James Henry

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

12. MAIDEN NAME OF MOTHER Elizabeth Maffitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Anderson Co, Mo
(STATE OR COUNTRY)

14. INFORMANT Dr. C. P. Miller
(Address) Mr. Fiew, Mo

15. FILED 3-10-26 O. Butcher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1925

17. I HEREBY CERTIFY That I attended deceased from June 28, 1925 to Nov 28, 1925
that I last saw him alive on Nov 28, 1925 and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
High heart pressure
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. mos. da.

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) A. C. Derselle, M. D.

, 19 (Address) Mont. Fiew, Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Grove, Mo DATE OF BURIAL Nov 29, 1925

20. UNDERTAKER J. F. Duncan ADDRESS Mr. Fiew, Mo

Revised United States Standard Certificate of Death

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

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