

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

02848

1 PLACE OF DEATH

County Ray
Township Grape Grove
Village _____
or _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 914 File No. _____
Primary Registration District No. 6235 Registered No. 28

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

2 FULL NAME Charles Oliver Petty

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED married WIDOWED OF, DIVORCED (Write the word)

6 DATE OF BIRTH March 19 1864
(Month) (Day) (Year)

7 AGE 54 yrs 9 mos 18 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Ray Co. Mo.

PARENTS
10 NAME OF FATHER John Henry Petty
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
12 MAIDEN NAME OF MOTHER Magdalen Melvina Howard
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. C. Petty
(Address) Newtown, Mo.

15 Filed Jan 23 1919 W. E. Gant Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 7th 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec. 7, 1918, to Jan. 7, 1919, that I last saw him alive on Jan. 7, 1919, and that death occurred, on the date stated above, at 10:25 p.m.

The CAUSE OF DEATH* was as follows:
acute nephritis
113
130 10

(Duration) _____ yrs. _____ mos. 17 ds.

CONTRIBUTORY Influenza
(Secondary) (Duration) _____ yrs. _____ mos. 10 ds.

(Signed) O. C. Kilbourne M. D.
Jan. 8, 1919 (Address) Cougill, Mo.

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

18 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 _____

19 PLACE OF BURIAL OR REMOVAL Cougill, Mo. DATE OF BURIAL Jan 9th 1919

20 UNDERTAKER C. A. Reed ADDRESS Cougill, Mo.

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.

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 term accepted 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*; *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, (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 child birth or miscarriage, as *puerperal septicæmia*, "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 carbonic acid—probably suicide*. The nature of the injury and 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.)

1. Name of deceased (Print or type)

2. Sex (M or F)

3. Age (Years, Months, Days)

4. Date of death

5. Place of death

6. Residence at time of death

7. Occupation at time of death

8. Cause of death (See instructions on page 2)

9. Contributory causes (See instructions on page 2)

10. Name of physician (Print or type)

11. Signature of physician

12. Name of informant (Print or type)

13. Signature of informant

14. Name of registrar (Print or type)

15. Signature of registrar

16. Name of coroner (Print or type)

17. Signature of coroner

18. Name of undertaker (Print or type)

19. Signature of undertaker

20. Name of funeral home (Print or type)

21. Signature of funeral home

22. Name of cemetery (Print or type)

23. Signature of cemetery

24. Name of church (Print or type)

25. Signature of church

26. Name of funeral home (Print or type)

27. Signature of funeral home

28. Name of cemetery (Print or type)

29. Signature of cemetery

30. Name of church (Print or type)

31. Signature of church

BOARD OF HEALTH
 CITY OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 1 PLACE OF DEATH

REGISTERED
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
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