

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

1 PLACE OF DEATH

County: Jay County
Township: Richwood Registration District No. 741 File No. 35344
or
Village: Henrietta Primary Registration District No. 4443 Registered No. 7
or
City: (NO) _____ St.: _____ Ward: _____

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

2 FULL NAME Oliver Robertson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE B
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Dec. 1894
(Month) (Day) (Year)
7 AGE 31 yrs. 10 mos. - ds.
If LESS than 1 day, hrs. or min.?

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

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

PARENTS
10 NAME OF FATHER Spencer Robertson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Howard Co Mo
12 MAIDEN NAME OF MOTHER ella Dykert
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Randolph Co Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Spencer Robertson
(Address) Henrietta Mo

15 Filed Oct 6 1916 L.W. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10-6 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 23 1916 to Oct 5 1916, that I last saw him alive on Oct 2 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
From being shot with Rifle Ball penetrating right lung and lodging in spinal column

CONTRIBUTORY (Secondary) _____
(Duration) yrs. mos. ds.
(Signed) E.T. McLaughlin M. D.
10-6 1916 (Address) Richwood

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) 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 Henrietta Mo DATE OF BURIAL Oct 8 1916

20 UNDERTAKER Shannon Co ADDRESS Richwood Mo

N. B.—Every item given in this certificate is subject to careful examination, and it may be necessary to require further information in order to determine the CAUSE OF DEATH.

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*, *peritoneum*, 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.), "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 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 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.)

Applied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION in very important. N. B.—Every item. CAUSE OF DEATH should be stated. Inform age. If in a case so be carefully that it may b

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1 PLACE OF DEATH

County Ray Registrars shall not receive a fee for certificates until they are completed as prescribed by law
Township Richmond Registration District No. 741 File No. _____
Village _____ Primary Registration District No. 5976a Registered No. 7
City _____ NO. _____ St. _____ Ward _____

2 FULL NAME

Ollie Robertson

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE B. 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)
7 AGE _____ yrs. _____ mos. _____ ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry business, or establishment in which employed (or employer) _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH _____ (Month) _____ (Day) _____ (Year)
17 I HEREBY CERTIFY, that I attended deceased from _____ 191____, to _____ 191____, that I last saw h_____ alive on _____ 191____, and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Horned Owl patient shot with Rifle-Ball Penetrating right lung & lodging in spine column
CONTRIBUTORY (Secondary) _____ (Duration) _____ mos. _____ ds.
(Signed) _____ M. D.
10/6, 1916 (Address) Richmond, Mo

9 BIRTHPLACE (City or town, State or foreign country) _____
10 NAME OF FATHER _____
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

*State the Disease Causing Death, or, in death from Violent Causes, state (1) 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 _____

15 Filed Sept 7, 1916 G. Smith Registrar

19 PLACE OF BURIAL OR-REMOVAL Huntsville DATE OF BURIAL Nov-7-1916
20 UNDERTAKER Stewart ADDRESS Richmond

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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), *29ds.*; *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 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, 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.)

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