

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20159

1 PLACE OF DEATH

County Scott

Township Blodgett

Village Blodgett

City (NO. St. Ward)

Registration District No. 815 File No. _____

Primary Registration District No. 4491 Registered No. 7

2 FULL NAME

Case A Davenport

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 4 1842
(Month) (Day) (Year)

7 AGE 80 yrs 3 mos 7 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)

9 BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
10 NAME OF FATHER Yachiah Davenport
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina
12 MAIDEN NAME OF MOTHER Eliza Wittenburg
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jesse W. Keef
(Address) Blodgett Mo.

15 Filed....., 191..... C. J. Kientzel Registrar

12 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 05 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 13 1912 to June 11 1912 that I last saw him alive on June 10 1912 and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
apoplexy

(Duration)..... yrs..... mos..... ds.
CONTRIBUTORY arteriosclerosis (Secondary)
(Duration) 3 yrs..... mos..... ds.
(Signed) C. J. Kientzel M.D. (Address) Blodgett Mo.

*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.....

19 PLACE OF BURIAL OR REMOVAL Blodgett Mo. DATE OF BURIAL June 6 1912
20 UNDERTAKER Marshall & Co ADDRESS

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 (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; (c) Salesman, (b) Grocery; (c) 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 *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.* One 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

12 (Age)	13 (Informant)	14 (Sex)	15 (Date)	16 (Age)	17 (Place of death)	18 (Cause of death)	19 (Cause of death)	20 (Cause of death)	21 (Cause of death)	22 (Cause of death)	23 (Cause of death)	24 (Cause of death)	25 (Cause of death)	26 (Cause of death)	27 (Cause of death)	28 (Cause of death)	29 (Cause of death)	30 (Cause of death)	31 (Cause of death)	32 (Cause of death)	33 (Cause of death)	34 (Cause of death)	35 (Cause of death)	36 (Cause of death)	37 (Cause of death)	38 (Cause of death)	39 (Cause of death)	40 (Cause of death)	41 (Cause of death)	42 (Cause of death)	43 (Cause of death)	44 (Cause of death)	45 (Cause of death)	46 (Cause of death)	47 (Cause of death)	48 (Cause of death)	49 (Cause of death)	50 (Cause of death)	51 (Cause of death)	52 (Cause of death)	53 (Cause of death)	54 (Cause of death)	55 (Cause of death)	56 (Cause of death)	57 (Cause of death)	58 (Cause of death)	59 (Cause of death)	60 (Cause of death)	61 (Cause of death)	62 (Cause of death)	63 (Cause of death)	64 (Cause of death)	65 (Cause of death)	66 (Cause of death)	67 (Cause of death)	68 (Cause of death)	69 (Cause of death)	70 (Cause of death)	71 (Cause of death)	72 (Cause of death)	73 (Cause of death)	74 (Cause of death)	75 (Cause of death)	76 (Cause of death)	77 (Cause of death)	78 (Cause of death)	79 (Cause of death)	80 (Cause of death)	81 (Cause of death)	82 (Cause of death)	83 (Cause of death)	84 (Cause of death)	85 (Cause of death)	86 (Cause of death)	87 (Cause of death)	88 (Cause of death)	89 (Cause of death)	90 (Cause of death)	91 (Cause of death)	92 (Cause of death)	93 (Cause of death)	94 (Cause of death)	95 (Cause of death)	96 (Cause of death)	97 (Cause of death)	98 (Cause of death)	99 (Cause of death)	100 (Cause of death)
-------------	-------------------	-------------	--------------	-------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	-------------------------

MISSOURI STATE BOARD OF HEALTH

Registrar

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

1. PLACE OF DEATH

County Scott Registration District No. 815 File No. _____
 Township _____ Primary Registration District No. 4491 Registered No. _____
 City Blodgett (No. _____) St. _____ Ward _____

2. FULL NAME

Full Name Cas A. Davenport
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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.

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

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

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. FILED 6-3-22 E. J. Mientkutt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 19 22

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

_____ (duration) _____ yrs. _____ mos. _____ da.
 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) _____, M. D.
 _____, 19 (Address) _____

*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 _____ DATE OF BURIAL _____

20. UNDERTAKER Ma & Ma Paul Blodgett ADDRESS _____

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every occupation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

20159

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 neoplasma); *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 child-birth 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: "Certificate 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.