

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

1 PLACE OF DEATH

County Cooper
Township Cherry Fork
or
Village Pleasant
or
City Pleasant Green (NO. St. Ward)

Registration District No. 223
Primary Registration District No. 4136

File No. 21555
Registered No. 7

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

2 FULL NAME James Perry Polley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>Jan 30 1893</u> (Month) (Day) (Year)		
7 AGE <u>23</u> yrs. <u>7</u> mos. <u>12</u> ds.		If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Black smith</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>76</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Cooper County Mo</u>		
PARENTS	10 NAME OF FATHER <u>Perry A Polley</u>	11 BIRTHPLACE OF FATHER <u>Cooper Co</u>
	12 MAIDEN NAME OF MOTHER <u>Birdella Bruce</u>	13 BIRTHPLACE OF MOTHER <u>Monticello</u>

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 12 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 5 1917 to June 12 1917, that I last saw him alive on June 12 1917, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:
Due to poison from use of Cigaretts

(Duration) ... yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)
J. B. Parrish (Signed) M. D.
4/12 1917 (Address) Pleasant Green

*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. A. Polley
(Address) Woodbridge Mo

15 Filed June 15 1917 J. B. Parrish
Registrar

19 PLACE OF BURIAL OR REMOVAL Capps Chapel DATE OF BURIAL June 13 1917
20 UNDERTAKER Elliott & Chapman ADDRESS Pleasant Green 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, 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; a void

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 septicaemia*," "*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.)

County

*Cooper*REGISTRARS SHALL NOT RECEIVE
A FEE FOR CERTIFICATES UNTIL THEY
ARE COMPLETED AS PRESCRIBED BY
LAW

CERTIFICATE OF DEATH

Township

Registration District No.

223

File No.

Village

Primary Registration District No.

4136

Registered No.

7

City

P. Green

(NO.

St.

Ward)

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

2 FULL NAME

James Perry Polley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *W* 5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word) *M*6 DATE OF BIRTH
(Month) (Day) 1 (Year)7 AGE
yrs. mos. ds. If LESS than
1 day.....hrs.
or.....min.?8 OCCUPATION
(a) Trade, profession, or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(City or town,
State or foreign country)PARENTS
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)

15

Filed *July 3*, 1917*J. S. Parrish*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 12, 191*7*
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from
191..... to....., 191.....
that I last saw him alive on....., 191.....
and that death occurred on the date stated above, at.....m.The CAUSE OF DEATH* was as follows:
*due to poison from
use of Opium.
Anemia due to use of Opium.*
(Duration)..... yrs. / mos. ds.CONTRIBUTORY
(Secondary)
(Duration)..... yrs. mos. ds.(Signed) *J. S. Parrish* M.D.
6127, 191*7* (Address) *Chasant Green**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,
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State..... yrs. mos. ds.
Where was disease contracted
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Capps Chapel DATE OF BURIAL
June, 191.....20 UNDERTAKER
Ellott & Chapman ADDRESS
Pilot Grove

Revised United States Standard Certificate of Death

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