

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEPARTMENT OF VITAL STATISTICS
 STATE OF MISSOURI
 CERTIFICATE OF DEATH

County Ray Registration District No. 914 File No. 14281
 Township Grape Grove Primary Registration District No. 6235 Registered No. 2
 Village _____ City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Jella Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH December 20, 1874
 (Month) (Day) (Year)

AGE 36 yrs. 2 mos. 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

NAME OF FATHER James Mercer

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER Sarah Wilson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Nodaway Co., Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clate Bashaw

(ADDRESS) Covigill, Mo. R.R.

Filed May 25 1910 W. E. Gault REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 25, 1910, to Feb. 1, 1910, that I last saw her alive on Feb. 1 at 6 A.M., 1910,

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
in both lungs
16 (Duration) yrs. mos. 9 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) L. W. Smith M. D. Feb. 1, 1910 (Address) Covigill, Mo.

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

PLACE OF BURIAL OR REMOVAL Old Union DATE OF BURIAL 2-21, 1910

UNDERTAKER B. M. Hicks ADDRESS Covigill, 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, *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*, *Sar-*

coma, 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 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.)



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PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>married</i>	DATE OF DEATH <i>February 1, 1910</i> (Month) (Day) (Year)
DATE OF BIRTH <i>December 20, 1874</i> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <i>Jan 25, 1910</i> , to <i>Feb 1, 1910</i> , that I last saw her alive on <i>Feb 1, 6 a.m.</i> , 1910, and that death occurred, on the date stated above, at <i>9:30 a.m.</i>	
AGE <i>36 yrs. 2 mos. 11 ds.</i>		The CAUSE OF DEATH* was as follows: <i>Lobar Pneumonia in both lungs</i>	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Home wife</i> (b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos. ds. <i>9</i>	
BIRTHPLACE (City or town, State or foreign country) <i>Nodaway Co Missouri</i>		Contributory (SECONDARY) (Duration) yrs. mos. ds.	
PARENTS	NAME OF FATHER <i>James Meren</i>	(Signed) <i>S. D. Smith</i> M. D. <i>Feb 1, 1910</i> (Address) <i>Cougill</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Jan 25, 1852 251</i>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <i>Sarah Wilson</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Nodaway Co Mo</i>	Where was disease contracted if not at place of death? Former or usual residence	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Clate Barbours</i> (ADDRESS) <i>Cougill R R.</i>		PLACE OF BURIAL OR REMOVAL <i>Old Union</i> DATE OF BURIAL <i>28 21 1910</i>	
Filed <i>Feb 25</i> 1910 <i>S. D. Smith</i> <i>May 25</i> <i>W. E. Gault</i> REGISTRAR	UNDERTAKER <i>Bill Hicks</i>		ADDRESS <i>Cougill</i>

PLACE OF DEATH

County *Ray* Registration District No. *95* File No. *X*
Township *Grape Grove* Primary Registration District No. *6235* Registered No. *2*
or *Royal Hunt*
Village *Cougill* (NO. St. Ward) (If death occurred in hospital or institution, give its NAME instead of street and number)

FULL NAME *Zella Cox*

Revised United States Standard Certificate of Death

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

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