

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

PLACE OF DEATH

County Carroll

Township Combs

Village _____

City _____

Registration District No. 135

Primary Registration District No. 5189

File No. 16880

Registered No. 38

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

FULL NAME Ollie Grace Hanavan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (If file the word) Married

DATE OF DEATH June 27, 1916

(Month)

(Day)

(Year)

DATE OF BIRTH Aug 20, 1888

(Month)

(Day)

(Year)

AGE 21 yrs. 10 mos. 17 ds.

IF LESS than 1 day / hrs. or / min.?

I HEREBY CERTIFY, that I attended deceased from June 26, 1916, to June 27, 1916,

that I last saw her alive on June 27, 1916,

and that death occurred, on the date stated above, at 3:45 AM.

The CAUSE OF DEATH* was as follows:

Arterial Poison
171A

OCCUPATION

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(City or town, State or foreign country) Combs Twp, Carroll Co.

(Duration) _____ yrs. _____ mos. 9 hrs.

NAME OF FATHER Chas. Penubert

BIRTHPLACE OF FATHER (City or town, State or foreign country) Combs Twp, Carroll Co.

MAIDEN NAME OF MOTHER Alma Hall

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

Contributory (SECONDARY) _____

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

(Signed) R. W. Wilber M. D.

6-28, 1916 (Address) Bosworth 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Penubert

(ADDRESS) Bosworth, Mo.

PLACE OF BURIAL OR REMOVAL Pleasant Oak

DATE OF BURIAL June 28, 1916

UNDERTAKER J. E. Miles

ADDRESS Carrollton

Filed June 28, 1916

A. E. Austin REGISTRAR

REGISTRAR

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.

WHILE PRINTING, WITH UNREADING INK—THIS IS A PERMANENT RECORD

ited States Standard Certificate of Death

y U. S. Census and American Public Health
Association]

of occupation.—Precise statement of occu-
ry important, so that the relative health-
rious pursuits can be known. The ques-
o each and every person, irrespective of
ny occupations a single word or term on
will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
Stationary fireman, etc. But in many
ly in industrial employments, it is neces-
(a) the kind of work and also (b) the
business or industry, and therefore an
is provided for the latter statement; it
d only when needed. As examples: (a)
Cotton mill; (a) *Salesman*, (b) *Grocery*;
(b) *Automobile factory*. The material
may form part of the second statement.
n "Laborer," "Foreman," "Manager,"
without more precise specification, as
Farm laborer, *Laborer—Coal mine*, etc.
ome, who are engaged in the duties of the
ly (not paid *Housekeepers* who receive a
y), may be entered as *Housewife*, *House-*
home, and children, not gainfully employed,
or *At home*. Care should be taken to re-
lly the occupations of persons engaged in
vice for wages, as *Servant*, *Cook*, *House-*
the occupation has been changed or given
it of the DISEASE CAUSING DEATH, state oc-
beginning of illness. If retired from busi-
net may be indicated thus: *Farmer (re-*
(. For persons who have no occupation
ite *None*.

of cause of death.—Name, first, the
ING DEATH (the primary affection with re-
and causation), using always the same
n for the same disease. Examples: *Cere-*
er (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
Typhoid fever never report "Typhoid
; *Lobar pneumonia*; *Bronchopneumonia*
," unqualified, is indefinite); *Tuberculosis*
inges, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is
less definite; avoid use of "Tumor" for malignant
neoplasms); *Measles*; *Whooping cough*; *Chronic valv-*
ular heart disease; *Chronic interstitial nephritis*, etc. The
contributory (secondary or intercurrent) affection need
not be stated unless important. Example: *Measles* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

