

MARGIN RESERVED FOR BINDING

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

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

PLACE OF DEATH

County Livingston
Township Medicine
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 509 File No. 17164
Primary Registration District No. 5678 Registered No. 12

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

FULL NAME Florence Ellen Reid

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If list the word) Single
DATE OF BIRTH Nov 26 1906
(Month) (Day) (Year)
AGE 3 yrs. 7 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Livingston Co mo

PARENTS
NAME OF FATHER Dick Reid
BIRTHPLACE OF FATHER (City or town, State or foreign country) Livingston Co mo
MAIDEN NAME OF MOTHER Adda Patterson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Livingston Co mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dick Reid
(ADDRESS) Chula mo

Filed June 7 1910 Walter Graham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 24, 1910, to June 3, 1910, that I last saw her alive on June 3, 1910, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
Purpura Hemorrhagica

1077
7017 (Duration) ___ yrs. ___ mos. 12 ds.

Contributory Bronchial Pneumonia
(SECONDARY) (Duration) ___ yrs. ___ mos. 1 ds.

(Signed) W. H. Musgrave Chula M. D.
June 4, 1910 (Address) Whiting 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 3 yrs. 7 mos. 17 ds. In the 3 yrs. 7 mos. 17 ds. State

Where was disease contracted if not at place of death? at place of death
Former or usual residence Near Chula Mo

PLACE OF BURIAL OR REMOVAL Ricket Cemetery DATE OF BURIAL 6-5 1910

UNDERTAKER W. A. Roth ADDRESS Chula mo

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

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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, 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.)

HUGH STEPHENS, JEFFERSON CITY.

