

WHITE 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.

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

1910

PLACE OF DEATH
County Stoddard ^{V 1 3/8 11}
Township Duck Creek Registration District No. V 840 File No. 29469
or
Village _____ Primary Registration District No. V 6102 Registered No. _____
or
City Puffin (NO. _____) St.: _____ Ward) _____

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

FULL NAME Ruby Ridemann

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|-------------------------------|---|
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED OR <u>(Write the word)</u> |
| DATE OF BIRTH <u>May 3rd</u> , 1910 (Month) (Day) (Year) | | |
| AGE <u>6</u> yrs. <u>14</u> mos. <u>14</u> ds. | | If LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>✓</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u> | | |

BIRTHPLACE
(City or town, State or foreign country) Puffin, Mo

| | |
|---------|--|
| PARENTS | NAME OF FATHER <u>Louis Ridemann</u> |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Gallatin Co. Ill</u> |
| | MAIDEN NAME OF MOTHER <u>Rebecca Mobley</u> |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Alexandria Ill</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J J Oliver
(ADDRESS) Puffin, Mo.

Filed X 191 X REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17th, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 15, 1910, to Sept 17, 1910, that I last saw her alive on Sept 17, 1910, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
38
1157 Gonorrhea

(Duration) ___ yrs. ___ mos. 4 ds.
Contributory Malaria
(SECONDARY) (Duration) ___ yrs. ___ mos. 10 ds.
(Signed) J. D. Moulder M. D.
191 (Address) _____

*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 <u>Justice cemetery</u> | DATE OF BURIAL <u>Sept 17</u> , 1910 |
| UNDERTAKER <u>J A Hickman</u> | ADDRESS <u>Justice cemetery</u> |

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*, *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.)



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

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.

PLACE OF DEATH

County Stoddard
Township Duck Creek
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

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

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

Registration District No. 840 File No. 29469
Primary Registration District No. 6102 Registered No. X

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

FULL NAME

Ruby Pidenour

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word) |
| DATE OF BIRTH <u>Mar 3rd</u> , 19 <u>10</u> (Month) (Day) (Year) | | |
| AGE <u>6</u> yrs. <u>6</u> mos. <u>14</u> ds. | | IF LESS than 1 day, _____ hrs. or _____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Puxico Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>Louis Pidenour</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Galatin Co. Mo.</u> | |
| | MAIDEN NAME OF MOTHER <u>Rebecca Mobley</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Alexander Co. Mo.</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Sept 17th, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 15, 1910, to Sept 17, 1910, that I last saw him alive on Sept 17, 1910, and that death occurred, on the date stated above, at 9C.m.

The CAUSE OF DEATH* was as follows:
Toncilitis

(Duration) _____ yrs., _____ mos. 4 ds.
Contributory Malaria
(SECONDARY) (Duration) _____ yrs. _____ mos. 10 ds.
(Signed) Geo D. Moulder M. D.
1910 (Address) _____

*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) J. J. Oliver
(ADDRESS) Puxico Mo.

PLACE OF BURIAL OR REMOVAL
Puxico Cem.
DATE OF BURIAL
Sept 18, 1910
UNDERTAKER
J. G. Hickman
ADDRESS
Puxico Mo.

Filed X Sept 18 1910 L. Busser
REGISTRAR

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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 septichaemia," "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.)