

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

PLACE OF DEATH

County W. Cahoon
Township _____
or
Village _____
or
City Alba (NO. _____) St. _____ Ward _____

Registration District No. 405 File No. 30893
Primary Registration District No. 4239 Registered No. 9

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

FULL NAME Blanche Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE <u>Single</u> MARRIED WIDOWED OR DIVORCED (If write the word)
DATE OF BIRTH <u>Nov 11</u> , 18 <u>95</u> (Month) (Day) (Year)		
AGE <u>11</u> yrs. <u>11</u> mos. <u>14</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE
(City or town, State or foreign country) Paris, Ill. Edgar Co

PARENTS	NAME OF FATHER <u>Newt Moore</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ind</u>
	MAIDEN NAME OF MOTHER <u>Mare Maple</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Edgar Co, Ill</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. R. Maple
(ADDRESS) Alba Mo.

Filed Oct 26th 1910. D. A. Carls
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 15, 1910, to Oct 25, 1910, that I last saw her alive on Oct 25, 1910, and that death occurred, on the date stated above, at 2 hrs

The CAUSE OF DEATH* was as follows:
Laryngeal Diphtheria

Contributory _____
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
Signed W. G. Kogan J. S. Shurt M. D.
Oct 25th 1910 (Address) Wick 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 Burcell Cemetery DATE OF BURIAL Oct 26, 1910
UNDERTAKER J. S. Shurtland Co. ADDRESS Wick Mo.

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.

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*, *Composer*, *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*, *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 nature of the injury, as fracture of skull, and conditions such as *sepsis*, *tetanus* may be stated under the heading "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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