

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty JohnsonTownship
or
Village Kingville
or
City _____ (NO. _____ St. _____ Ward _____)Registration District No. 428File No. 31001Primary Registration District No. 4254Registered No. 10

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

FULL NAME Bettie Eliza Thurman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) MarriedDATE OF BIRTH August 26, 1891
(Month) (Day) (Year)AGE 19 yrs. 1 mos. 29 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) Centerville Mo.PARENTS
NAME OF FATHER John Fletcher Norman
BIRTHPLACE OF FATHER (City or town, State or foreign country) Josephineville Ky.
MAIDEN NAME OF MOTHER Margaret Andrew
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warren Co., Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Norman
(ADDRESS) Warrensburg Mo.Filed 10-26 1910 J. L. Angell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Oct. 2, 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 6:45 p.m. The CAUSE OF DEATH* was as follows:
Pneumonia1 1/2 (Duration) yrs. mos. 4 ds.
Contributory Typhoid Fever
(SECONDARY) (Duration) yrs. mos. 23 ds.(Signed) J. L. Angell M. D.
10-26 1910 (Address) Kingville 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 Centerville Mo. DATE OF BURIAL 10-27 1910UNDERTAKER, Goodman ADDRESS St. Louis

States Standard Certificate of Death

Census and American Public Health Association]

ation.—Precise statement of occupation, so that the relative health-suits can be known. The question and every person, irrespective of occupations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *Architect*, *Locomotive engineer*, *Fireman*, etc. But in many industrial employments, it is necessary kind of work and also (b) the industry, and therefore an aid for the latter statement; it when needed. As examples: (a) *mill*; (a) *Salesman*, (b) *Grocery*; *automobile factory*. The material part of the second statement. *Foreman*, "Manager," more precise specification, as *laborer*, *Laborer—Coal mine*, etc. are engaged in the duties of the *paid Housekeepers* who receive a be entered as *Housewife*, *House-children*, not gainfully employed, *me*. Care should be taken to re-occupations of persons engaged in wages, as *Servant*, *Cook*, *House-occupation* has been changed or given DISEASE CAUSING DEATH, state of illness. If retired from business indicated thus: *Farmer* (retirees who have no occupation

of death.—Name, first, the (the primary affection with re-isation), using always the same same disease. Examples: *Cerebrally* definite synonym is "Epidemic is"; *Diphtheria* (avoid use of *fever* (never report "Typhoid pneumonia; *Bronchopneumonia* (ifified, is indefinite); *Tuberculosis* *ritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name less definite; avoid use of "Tum neoplasms); *Measles*; *Whooping col- lar heart disease*; *Chronic interstitia-* contributory (secondary or intercur- not be stated unless important. Exa- ease causing death), *29 ds.*; *Bron-* ondary), *10 ds.* Never report mer- mal conditions, such as "Ast (merely symptomatic), "Atrophy," "Convulsions," "Debility" ("Congen- "Dropsy," "Exhaustion," "Heart- rhage," "Inanition," "Marasmus," "Uraemia," "Weakness," etc., when can be ascertained as the cause. diseases resulting from childbirth "PUERPERAL septichaemia," "PUERPE- State cause for which surgi al op- taken. For VIOLENT DEATHS state MI- qualify as ACCIDENTAL, SUICIDAL, or probably such, if impossible to d- Examples: *Accidental drowning*; *train—accident*; *Revolver wound*; *Poisoned by carbolic acid—probabl-* Weakness," "Uraemia," "Inanition," "M- quences (e. g., "Dropsy," "Exhau- head of "Contributory." (Recomm- ment of cause of death approved Nomenclature of the American Med-

