

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

PLACE OF DEATH
County Rushman

Township _____
or
Village _____
or
City St. Joseph (NO. 2905 No 9th)

Registration District No. 85
Primary Registration District No. 1001

File No. 36999
Registered No. 1005
St. _____ Ward) _____

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

FULL NAME Thelma May Jacobs

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Sept 17, 1910
(Month) (Day) (Year)

AGE 2 yrs. 2 mos. 13 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) at home

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
NAME OF FATHER Charles Jacobs
BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri
MAIDEN NAME OF MOTHER Lizzie Sellers
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ms Lizzie Jacobs
(ADDRESS) 2905 No 9th

Filed Dec 2, 1910 J. B. Kellum REGISTRAR
R. Leonard

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 28, 1910 to Nov 30, 1910, that I last saw her alive on Nov 30, 1910, and that death occurred, on the date stated above, at 11:45 pm.

The CAUSE OF DEATH* was as follows:
Bronchitis
1066

(Duration) ____ yrs. ____ mos. 2 ds.
Contributory None
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) R. H. Tothaker M. D.
Dec 1, 1910 (Address) 1506 No. 11

*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 Oakland Kent DATE OF BURIAL Dec 2, 1910
UNDERTAKER H. O. Sidenbader ADDRESS 211-15 No 10

United States Standard Certificate of Death

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

of occupation.—Precise statement of every important, so that the relative health-arious pursuits can be known. The ques- to each and every person, irrespective of any occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *er*, *Stationary fireman*, etc. But in many ally in industrial employments, it is neces- (a) the kind of work and also (b) the ie business or industry, and therefore an ae is provided for the latter statement; it ed only when needed. As examples: (a)

Cotton mill; (a) *Salesman*, (b) *Grocery*; n, (b) *Automobile factory*. The material may form part of the second statement. rn "Laborer," "Foreman," "Manager," c., without more precise specification, as , *Farm laborer*, *Laborer—Coal mine*, etc. ome, who are engaged in the duties of the ily (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-* f the occupation has been changed or given nt of the DISEASE CAUSING DEATH, state oc- beginning of illness. If retired from busi- act may be indicated thus: *Farmer* (re-). For persons who have no occupation rite *None*.

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

coma, etc., of _____ less definite; avoid use o neoplasms); *Measles*; *Whoop- lar heart disease*; *Chronic in- contributory* (secondary or not be stated unless importa- ease causing death), *29 ds.* on- dary), *10 ds.* Never rep- minal conditions, such a (merely symptomatic), "At- "Convulsions," "Debility" (by Committee on Nomenclature), "Dropsy," "Exhaustion," "Mar- rhae," "Inanition," "Maraga- may be stated under the head of "Uraemia," "Weakness," " can be ascertained as the *prob- probic acid—probably suicide*. The diseases resulting from *head- hcp- accident; Revolver wound of head-* "PUERPERAL *septicaemia*, " *St* State cause for which sun- probably such, if impossible to taken. For VIOLENT DEATHS state usually as ACCIDENTAL, SUICIDAL, c. State cause for which surgical probably such, if impossibl Examples: *Accidental drown- "Puerperal septicaemia," "P train-accident; Revolver P* Diseases resulting from childbirt e can be ascertained as the cause. "Uraemia," "Weakness," etc., fr- morrhage," "Inanition," "Maras- (e. g., *sepsis, tetanus*, "head of "Contributory." (e. g., "Convulsions," "Debility," "Coma," "Convulsions," "Debility," Nomenclature of the Ame- (merely symptomatic), "A- symptoms or terminal conditions, i- *chopneumonia* (secondary), *10 ds.* mple: *Measles* (disease causing t) affection need not be stated un *Phthisis*, etc. The contributory (se- *Chronic valvular heart disease*;



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