

PLACE OF DEATH

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

County Buchanan

85 7

File No. 37000

Township \_\_\_\_\_

Registration District No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 1008

City St. Joseph, (NO. St. Joseph Hospital St.: \_\_\_\_\_ Ward)

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

FULL NAME Josephine Dinwiddie

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH December 1, 1910  
(Month) (Day) (Year)

DATE OF BIRTH Unknown Unknown, 1861  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 13<sup>th</sup>, 1910 to Dec 1<sup>st</sup>, 1910, that I last saw her alive on Dec 1<sup>st</sup>, 1910, and that death occurred, on the date stated above, at 11<sup>00</sup> a.m. The CAUSE OF DEATH\* was as follows:

AGE 49 yrs None None None ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

Typhoid Fever  
(Duration) 25 yrs. \_\_\_ mos. \_\_\_ ds.

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

Contributory None  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) St Joseph mo

NAME OF FATHER Louis Lavet

BIRTHPLACE OF FATHER (City or town, State or foreign country) mo

MAIDEN NAME OF MOTHER Palma Johns

BIRTHPLACE OF MOTHER (City or town, State or foreign country) mo

(Signed) J. M. Doyle M. D.  
Dec 2<sup>nd</sup> 1910 (Address) 710 N 9<sup>th</sup>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Informant) Edgar Cook

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death: \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State 49 yrs. None mos. None ds.  
Where was disease contracted if not at place of death? 714 Richardson St  
Former or usual residence 714 Richardson

(ADDRESS) 1213 Grand ave

PLACE OF BURIAL OR REMOVAL Filmore mo DATE OF BURIAL Dec 3, 1910

Filed Dec 3, 1910 H. B. Kelling REGISTRAR  
W. Leonard

UNDERTAKER D. E. Heaton ADDRESS St Joseph mo

# 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*, *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," "Debi", "Dropsy," "Exhaust", "rhage," "Inanition," "Uraemia," "Weakne", can be ascertained; diseases resulting fr", "PUERPERAL septicha", State cause for whi taken. FOR VIOLENT I qualify as ACCIDENT; probably such, if is Examples: *Acciden*, *train—accident*; *Re*, *Poisoned by carboli*, ture of the injury, quences (e. g., *sepsis* head of "Contributo", ment of cause of , Nomenclature of th

American Med  
death approve  
tributory." (R  
*sepsis, tetanus*)  
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Poisoned by a  
railway train—  
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was undertak  
*peritonitis*, et

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ays the same  
amples: *Cere-*  
is "Epidemic  
avoid use of  
Typhoid pneu-  
monia" ("Pneu-  
monia of lungs,  
stoma, etc. of  
definite; avoid  
ms); *Measles*