

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

PLACE OF DEATH

County Cooper
Township Clark Fork
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 226 File No. 37511

Primary Registration District No. 5807 Registered No. _____

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

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec. 12th, 1910
(Month) (Day) (Year)

AGE Born dead 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) Clark Fork

PARENTS
NAME OF FATHER John S. Medley
BIRTHPLACE OF FATHER (City or town, State or foreign country) Boonville
MAIDEN NAME OF MOTHER Clara Kaller
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Boonville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Cleary
(ADDRESS) Clark Township

Filed Dec 15 1910 W L Sugan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at 859 m. The CAUSE OF DEATH* was as follows:
Bleed Brain

NO CASE

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Brain peritonia
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) B L Evans M. D.
Dec 12 1910 (Address) Boonville 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 Mount Herman DATE OF BURIAL Dec. 13th 1910

UNDERTAKER A. W. Bleckman ADDRESS Boonville Mo.

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*, *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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer," less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic lar heart disease*; *Chronic interstitial nephritis*, etc. contributory (secondary or intercurrent) affection; U. S. Census and American Public Health Association. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or minimal conditions, such as "Asthenia," "Anery important (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," and every "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Scientific," e. g., "Uraemia," "Weakness," etc., when a definite *Diagnosis*, *Locomotor* can be ascertained as the cause. Always qualify, etc. But diseases resulting from childbirth or miscarriages, it is "PUERPERAL septicaemia," "PUERPERAL peritonitis" also (b) the State cause for which surgical operation was therefore an aid taken. For VIOLENT DEATHS state MEANS OF INJURY; it should qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, of 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.)

