

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.

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

PLACE OF DEATH

County Harrison
Township Colfax
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 335 File No. 97884-1

Primary Registration District No. 5469 Registered No. 19

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

FULL NAME Doris Dell Harp

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
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DATE OF BIRTH November 30, 1910
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 11 ds. 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) Colfax Co.

PARENTS	NAME OF FATHER <u>Joseph B Harp</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Davis City Iowa</u>
	MAIDEN NAME OF MOTHER <u>Mary Lee Kuskandall</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kempster Texas</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B Harp
(ADDRESS) Eagleville, Mo.

Filed DEC 11, 1910

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 10, 1910, to Dec 10, 1910, that I last saw her alive on Dec 10, 1910, and that death occurred, on the date stated above, at 9:30 a.m.
The CAUSE OF DEATH* was as follows:

Inflammation of the Stomach

1180 (Duration) yrs. _____ mos. 4 ds.

Contributory (SECONDARY) _____ (Duration) yrs. _____ mos. _____ ds.

(Signed) J. L. Downing M. D.
Dec 11, 1910 (Address) Eagleville 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 <u>Rose Hill Cemetery Lawrence</u>	DATE OF BURIAL <u>Dec 12, 1910</u>
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UNDERTAKER <u>Chas. E. Anderson</u>	ADDRESS <u>Eagleville Mo</u>
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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 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," "Debility" ("Coma" "Sanity" etc.), "Dropsy," "Exhaustion," "Emphysema," "Hemiplegia," "Inanition," "Marasmus," "Uraemia," "Weakness," etc can be ascertained as the cause of death. Examples: "PUERPERAL septicaemia," "State cause for which surgery was taken. For VIOLENT DEATHS which do not qualify as ACCIDENTAL, SUICIDE, or probably such, if impossible to determine. Examples: *Accidental drop from train—accident*; *Revolver wound—Poisoned by carbolic acid—Structure of the injury, as fracture of skull, etc. Sequences (e. g., sepsis, tetanus, etc.) should be stated in the body of the certificate. Head of "Contributory." (If more than one, list in order of importance.) Nomenclature of the American Medical Association.*

HUGH STEPHENS, JR., Secretary, American Medical Association.