

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 DEATHPLACE OF DEATH
County Jasper
Township Gubara
or
Village
or
City Joplin (NO. 1, 306 short St.; Ward)Registration District No. 411 File No. 38404
Primary Registration District No. 2002 Registered No. 358FULL NAME Infant twins. Lewis and Lois Lester

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

PERSONAL AND STATISTICAL PARTICULARS

SEX 1 male
1 female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Dec 16, 1910
(Month) (Day) (Year)AGE Female lived 1 hour
Male still born If LESS than 1 day, ___ hrs. or ___ min.?
yrs. mos. ds.OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE 306 short St Joplin Mo
(City or town, State or foreign country)PARENTS
NAME OF FATHER John Lester
BIRTHPLACE OF FATHER Wagon Co Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Rhoda Kelley
BIRTHPLACE OF MOTHER Jasper Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lester Lester
(ADDRESS) 306 short stFiled 12-17 1910 Daniel R Hill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from evening 16th, 1910, to 12:30/16th, 1910, that I last saw her alive on evening 16th, 1910, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Still born one the girl
the boy lived 2 or 3 hours
Premature birth
7 mos 7 ds (Duration) yrs. mos. ds.
Contributory _____ (SECONDARY) (Duration) yrs. mos. ds.(Signed) O. C. Scarbrough M. D.
Dec 17, 1910 (Address) 608 Broadway

*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

Cox cemetery

DATE OF BURIAL

Dec 17, 1910

UNDERTAKER

Hurlbut Co

ADDRESS

Joplin

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, 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," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or 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.)



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PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH	
County <u>Jasper</u>	Township <u>Blanton</u>	Registration District No. <u>411</u>	File No. _____
or Village _____	or City <u>Joplin</u>	Primary Registration District No. <u>2002</u>	Registered No. <u>35870</u>
(NO. <u>306 Short</u>)		St. _____	Ward _____
FULL NAME <u>Lewis Hester</u>		(If death occurred in a hospital or institution give its NAME instead of street and number)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	DATE OF DEATH <u>12-16</u> 191 <u>0</u>	
SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>		(Month) (Day) (Year)	
DATE OF BIRTH <u>12-16</u> 191 <u>0</u>		I HEREBY CERTIFY, that I attended deceased from <u>12-16</u> , 191 <u>0</u> , to <u>12-16</u> , 191 <u>0</u> ,	
(Month) (Day) (Year)		that I last saw him <u>alive</u> on <u>Sept 20</u> , 191 <u>0</u> ,	
AGE <u>X</u> yrs. <u>X</u> mos. <u>X</u> ds.	IF LESS than 1 day, <u>4</u> hrs. or <u> </u> min.?	and that death occurred, on the date stated above, at <u>00</u> m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u>		The CAUSE OF DEATH* was as follows:	
(b) General nature of industry, business, or establishment in which employed (or employer)		<u>Premature Birth</u>	
BIRTHPLACE (City or town, State or foreign country) <u>306 Short St. Joplin</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>John Hester</u>	Contributory (SECONDARY) _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Macon Co. Mo</u>	(Duration) _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Rhoda Kelly</u>	(Signed) <u>O. C. Scarborough</u> , M. D.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Jasper Co. Mo</u>	<u>12-17</u> , 191 <u>0</u> (Address) <u>608 Broadway</u>	
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) <u>John Hester</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
(ADDRESS) <u>306 Short St.</u>	Where was disease contracted if not at place of death?		Former or usual residence _____
Filed <u>12-17</u> 191 <u>0</u> <u>Daniel R. Hill</u>	PLACE OF BURIAL OR REMOVAL <u>Cox Cemetery</u>		DATE OF BURIAL <u>12/17</u> 191 <u>0</u>
REGISTRAR	UNDERTAKER <u>Haulburt</u>		ADDRESS <u>Joplin</u>

Revised United States Standard Certificate of Death

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