

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

PLACE OF DEATH

County

Wodaway

Township

Washington

Registration District No.

629

File No.

2673

Village

Primary Registration District No.

5825

Registered No.

1

City

(NO. _____)

St. _____

Ward _____

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

FULL NAME

Louisa Annja Ellen McGeorge

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Female

White

Single

DATE OF DEATH

January 8, 1911

DATE OF BIRTH

December 17, 1909

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Jan. 3, 1911*, to *Jan. 8, 1911*, that I last saw her alive on *Jan. 8, 1911*, and that death occurred, on the date stated above, at *7 a.m.*

AGE

1 yrs. - mos. 22 ds.

IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH was as follows:

Lobar Pneumonia
109

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)

Guilford Mo.

(Duration) ___ yrs. ___ mos. *6* ds.

NAME OF FATHER

Elmer B. McGeorge

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER

Harristown Ill.

(Signed) *J. M. McClanahan, M. D.*
Jan 8, 1911 (Address) *Guilford Mo.*

MAIDEN NAME OF MOTHER

Lydia Hartwig

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

BIRTHPLACE OF MOTHER

Coody Ill.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Elmer B. McGeorge

Where was disease contracted if not at place of death?

Former or usual residence

(ADDRESS)

Guilford Mo.

PLACE OF BURIAL OR REPOSE

Longpoint Cemetery

DATE OF BURIAL

Jan 10, 1911

Filed

Jan 8, 1911

REGISTRAR

UNDERTAKER

Hocker & DeW Co

ADDRESS

Guilford, 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*, *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" ("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.)



PLACE OF DEATH

County

Madaway

Township

Washington

or

Village

or

City

(NO. _____)

St.:

Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 625Primary Registration District No. 5825MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 7673Registered No. 1

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

FULL NAME Louisa Anna Ellen McGeorge

PERSONAL AND STATISTICAL PARTICULARS

SEX FCOLOR OR RACE W-SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)Single

DATE OF BIRTH

12-17-1909
(Month) (Day) (Year)

AGE

1 yrs. 22 mos. 22 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)

Guilford Ms(Duration) ____ yrs. ____ mos. 6 ds.

PARENTS

NAME OF FATHER

Clara L. McGeorge

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Hamletown, Ill.

MAIDEN NAME OF MOTHER

Lydia Hartwig

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Boz, Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Clara L. McGeorge

(ADDRESS)

Guilford, Ms.Filed Jan 8 1911

Original file date _____

W. B. Barnet

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

1-8-1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from 1-3-1911, to 1-8-1911, that I last saw him alive on 1-8-1911, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

lobar Pneumonia

Contributory

(SECONDARY)

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

(Signed) J. M. McGeorge M. D.1-8-1911 (Address) Guilford Ms

*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

Loupsaint Ave.

DATE OF BURIAL

1-10-1911

UNDERTAKER

Walker-Lewis Co.

ADDRESS

Guilford, Ms.

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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