

PLACE OF DEATH

County Cark
 Township Jasper
 or
 Village
 or
 City

Registration District No. 920

Primary Registration District No. 5859

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

File No. Jan 7 1911
 Registered No. 2

FULL NAME

Alice Geneva Haskins

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

PERSONAL AND STATISTICAL PARTICULARS

SEX woman COLOR OR RACE white SINGLE Married
 MARRIED
 WIDOWED
 OR DIVORCED
 (If write the word)

DATE OF BIRTH September 29, 1875
 (Month) (Day) (Year)

AGE 35 yrs. 3 mos. 2 ds. If LESS than 1 day, ____ hrs. ____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) 3-0

BIRTHPLACE
 (City or town, State or foreign country) Isabella Mo.

PARENTS
 NAME OF FATHER James Hogan
 BIRTHPLACE OF FATHER (City or town, State or foreign country) near Oakland Ark
 MAIDEN NAME OF MOTHER Malinda Lantz
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) near Isabella Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raka Hogan
 (ADDRESS) Isabella Mo

Filed Jan 7 1911 Mary F. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from December 24, 1910, to December 27, 1910, that I last saw her alive on December 27, 1910, and that death occurred, on the date stated above, at 40 m. The CAUSE OF DEATH* was as follows:

Consumption
23 A

(Duration) 7 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) (Duration) 27 yrs. ____ mos. ____ ds.

(Signed) J. C. Fullough M. D.
 1911 (Address) Isabella 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 6 ft and on all her life yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? at place of death
 Former or usual residence

PLACE OF BURIAL OR REMOVAL Isabella Cemetery DATE OF BURIAL Jan 1st 1911

UNDERTAKER H ADDRESS V

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 Ozark
 Township Jasper
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.
 Registration District No. 920
 Primary Registration District No. 5859

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 2730
 File No. Jan. 7, 1911
 Registered No. 2

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

FULL NAME

Alice Geneva Haskins

PERSONAL AND STATISTICAL PARTICULARS

SEX woman COLOR OR RACE white SINGLE married
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH September 29, 1875
 (Month) (Day) (Year)

AGE 35 yrs. 9 mos. 2 ds. If LESS than
 1 day, _____ hrs.
 or _____ min.?

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

BIRTHPLACE
 (City or town,
 State or foreign country) Isabella Mo.

PARENTS
 NAME OF FATHER James Hogan
 BIRTHPLACE OF FATHER near Oakland Ark.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Malinda Lantz
 BIRTHPLACE OF MOTHER near Isabella Mo.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ozka Hogan
 (ADDRESS) Isabella, Mo.

Filed Jan. 8 1911 Mary A. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
December 27, 1910, to December 27, 1910,
 that I last saw live on December 27, 1910,
 and that death occurred, on the date stated above, at 4 P. M.
 The CAUSE OF DEATH* was as follows:

Consumption
 (Duration) 7 yrs. _____ mos. _____ ds.

Contributory
 (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) P. J. McCullough M. D.
 1911 (Address) Isabella 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 RESIDENCE)
 At place of death 77 and on all her life
 yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted
 if not at place of death? At place of death
 Former or
 usual residence _____

PLACE OF BURIAL OR REMOVAL Isabella cemetery DATE OF BURIAL Jan. 1st, 1911
 UNDERTAKER Edward Edmund Isabella ADDRESS Isabella Mo.

JAN

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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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.)