

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 Osark
Township Richland
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 66-0 File No. 2736
Primary Registration District No. 5-861 Registered No. 1

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

FULL NAME: Bretta May Hightower

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE: White SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH June the 9th 1906
(Month) (Day) (Year)

AGE 4 yrs. 7 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan the 17th 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 14, 1911, to Jan 17, 1911, that I last saw her alive on Jan 16, 1911, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis
106A
115A

(Duration) ___ yrs. ___ mos. 4 ds.

BIRTHPLACE (City or town, State or foreign country) Dora Mo

PARENTS
NAME OF FATHER James Austin Hightower
BIRTHPLACE OF FATHER Wades co Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Lulu Belle Efly
BIRTHPLACE OF MOTHER Osark co Mo
(City or town, State or foreign country)

Contributory Acute Bronchitis (SECONDARY)
(Duration) ___ yrs. ___ mos. 6 ds.
(Signed) W. E. Morgan M. D.
Jan 17, 1911 (Address) Dora 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 4 yrs. 7 mos. 7 ds. in the State 4 yrs. 7 mos. 7 ds.
Where was disease contracted if not at place of death? at place of death
Former or usual residence same

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dora Mo
(ADDRESS) Dora Mo

PLACE OF BURIAL OR REMOVAL Sweeten cemetery DATE OF BURIAL Jan 18, 1911
UNDERTAKER _____ ADDRESS Dora Mo

Filed Jan 17, 1911 W. E. Morgan REGISTRAR

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.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important.

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

PLACE OF DEATH
County Osage
Township Richland
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 650 File No. 2736
Primary Registration District No. 3861 Registered No. _____

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

FULL NAME Britta May Hightower

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH 8-9-1906
(Month) (Day) (Year)
AGE 4 yrs. 7 mos. 7 ds. IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) "

DATE OF DEATH _____, 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from 1-14-, 1911, to 1-17, 1911, that I last saw him alive on 1-16-, 1911, and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:
Acute Toxicity

BIRTHPLACE (City or town, State or foreign country) Dora, Mo.
PARENTS
NAME OF FATHER Jas Austin Hightower
BIRTHPLACE OF FATHER (City or town, State or foreign country) Webster, Mo.
MAIDEN NAME OF MOTHER Lulu Belle Eply
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Osage Co. Mo.

(Duration) _____ yrs. _____ mos. 6 ds.
Contributory acute Bronchitis
(SECONDARY) (Duration) _____ yrs. _____ mos. 6 ds.
(Signed) W.C. Morgan M. D.
1-17-, 1911 (Address) Dora, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J.M. Hightower
(ADDRESS) Dora, Mo.

PLACE OF BURIAL OR REMOVAL Sweden Cem. DATE OF BURIAL 1-18, 1911
UNDERTAKER A. A. Coble ADDRESS Dora, Mo.

Filed March 8, 1911 W.C. Morgan REGISTRAR

Revised United States Standard Certificate of Death

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

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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.)