

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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

PLACE OF DEATH  
County St Charles  
Township Cirine  
or  
Village  
or  
City Wentzville, Mo. (No. \_\_\_\_\_)

Registration District No. 758 File No. 3129  
Primary Registration District No. 5999 Registered No. 2

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

FULL NAME Nora Abbington

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF DEATH January 13, 1911  
(Month) (Day) (Year)

DATE OF BIRTH January 27, 1897  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 6<sup>th</sup>, 1911, to Jan 13, 1911, that I last saw her alive on Jan 13, 1911, and that death occurred, on the date stated above, at 7:50 P. M.

AGE 13 yrs. 11 mos. 17 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Lobar pneumonia

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

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

PARENTS  
NAME OF FATHER James Abbington  
BIRTHPLACE OF FATHER Warren County, Mo.  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Sallie McRoberts  
BIRTHPLACE OF MOTHER Wentzville, Mo.  
(City or town, State or foreign country)

Contributory None  
(SECONDARY)  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) G. L. Meigs M. D.  
Jan 14, 1911 (Address) Wentzville, 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) Jessie X McRoberts  
the Maam  
(ADDRESS) Wentzville, Mo.

PLACE OF BURIAL OR REMOVAL Lincoln Co., Mo. DATE OF BURIAL Jan 15, 1911  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Filed 1-14, 1911, J. A. Reid 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*, *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, 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.)



Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH  
County Spokane  
Township Quinn  
or  
Village  
or  
City (NO. \_\_\_\_\_)

Registration District No. 758 File No. 3129  
Primary Registration District No. 5999 Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Nora Abbingtion

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE Colored SINGLE MARRIED Single WIDOWED OR DIVORCED (If write the word)  
DATE OF BIRTH 1-27-1897  
(Month) (Day) (Year)  
AGE 13 yrs. 11 mos. 17 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

BIRTHPLACE  
(City or town, State or foreign birth) Richerville - Mo

PARENTS  
NAME OF FATHER James Abbingtion  
BIRTHPLACE OF FATHER Warren Co. Mo.  
MAIDEN NAME OF MOTHER Sallie Roberts  
BIRTHPLACE OF MOTHER Wentzville Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jennie X McRobert  
(ADDRESS) Wentzville Mo

Filed 3-6 X 1911 X J.A. Reid REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-13, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from 1-6-, 1911, to 1-13, 1911,  
that I last saw him alive on 1-13, 1911,  
and that death occurred, on the date stated above, at 7:00 p.m.  
The CAUSE OF DEATH\* was as follows:  
lobar pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
Contributory none  
(SECONDARY)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) T.L. Wingers M. D.  
1-14, 1911 (Address) Wentzville

\*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 Lincoln Co. Mo. DATE OF BURIAL 1-15-, 1911  
UNDERTAKER E. Edwards ADDRESS Wentzville, Mo.

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

# Revised United States Standard Certificate of Death

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