

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 Dunklin NY
 Township Clay Registration District No. 287 File No. 5915
 or Caruth Village. Primary Registration District No. 5405 Registered No. 19
 or City _____ (NO. _____ St. _____ Ward _____)
 FULL NAME Ollie O. Wilson [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH _____, 1898
(Month) (Day) (Year)

AGE 23 yrs. mos. ds. If LESS than 1 day? hrs. or min.?

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

BIRTHPLACE
(City or town, State or foreign country) 900 Texas

PARENTS	NAME OF FATHER <u>Bergman M. Smith</u>
	BIRTHPLACE OF FATHER <small>(City or town, State or foreign country)</small> <u>Ill</u>
	MAIDEN NAME OF MOTHER <u>Bell</u>
	BIRTHPLACE OF MOTHER <small>(City or town, State or foreign country)</small> <u>Texas</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. R. Wilson

(ADDRESS) Caruth Mo
 Filed Feb 1911 W. A. Mason REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 24th, 1910, to 1-4th, 1911, that I last saw her alive on Dec 24th, 1910, and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:
Pneumonia and child Birth
 (Duration) _____ yrs. mos. 13 ds.

Contributory
(SECONDARY) (Duration) _____ yrs. mos. ds.
 (Signed) J. M. Pentecost M. D.
Jan 4th, 1911 (Address) Caruth 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 _____

PLACE OF BURIAL OR REMOVAL <u>Lebanon</u>	DATE OF BURIAL <u>1/5 or 6</u> , 19 <u>11</u>
UNDERTAKER <u>Levitz Fur Co</u>	ADDRESS <u>Caruth Mo</u>

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 Dunklin
 Township Clay
 or
 Village Coruth
 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. 287

File No. 5915

Primary Registration District No. 5405
a.

Registered No. 19

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

FULL NAME Ollie O. Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>Jan 4th.</u> 188 <u>8</u> (Month) (Day) (Year)		
AGE <u>23</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General housework</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Texas</u>		
PARENTS	NAME OF FATHER <u>Benjamin F. Smith</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>	
	MAIDEN NAME OF MOTHER <u>Ball.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Texas</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan 4, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Dec. 24, 1910, to 1-4th, 1911,
 that I last saw alive on the 4, 1911,
 and that death occurred, on the date stated above, at 9:50 p.m.
 The CAUSE OF DEATH* was as follows:

Pneumonia and child-
birth

(Duration) _____ yrs. _____ mos. 13 ds.

Contributory
 (SECONDARY)
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John Brotherton M. D.
Jan 4th, 1911 (Address) Coruth 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 _____

PLACE OF BURIAL OR REMOVAL
Liberty

DATE OF BURIAL
1/5/11, 1911

UNDERTAKER
Leutz Fur Co.

ADDRESS
Kennett Mo.

Filed Feb 11 1911 Isaac N. Massey X
original file date REGISTRAR

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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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.)