

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MercerTownship Ravanna

Village _____

City _____ (NO. _____ St.; _____ Ward)

Registration District No. 537File No. 7152Primary Registration District No. 5757Registered No. 2

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

FULL NAME

Edith Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)DATE OF BIRTH Sept 21, 1908
(Month) (Day) (Year)AGE 2 yrs. 4 mos. 24 ds. IF LESS than 1 day, ____ hrs. or ____ min.?OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) OBIRTHPLACE
(City or town, State or foreign country) Roger Mills Co. Okla.PARENTS
NAME OF FATHER Ephraim Evans
BIRTHPLACE OF FATHER Mercer Co Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Daisy Cruduff
BIRTHPLACE OF MOTHER Mercer Co Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Cruduff
(ADDRESS) Ravanna MoFiled 2-17- 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 17, 1911, to Feb 15, 1911, that I last saw her alive on Feb 14, 1911,and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia of both lungs.
114A(Duration) ____ yrs. 1 mos. 20 ds.Contributory none
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.8 (Signed) J. L. Donzuehiser M. D.
Feb 17, 1911 (Address) Ravanna 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? OKlahoma.Former or usual residence Roger Mills Co. Okla.PLACE OF BURIAL OR REMOVAL Pine cemetery Mercer Co. DATE OF BURIAL Feb. 16, 1911UNDERTAKER Satterfield & Weaver ADDRESS Ravanna Mo

PLACE OF DEATH

County.....

Township.....

or

Village.....

or

City.....(NO.....)

Registration District No.

File No.

Primary Registration District No.

Registered No.

City.....St.Ward).....

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH	(Month).....(Day).....(Year).....	
AGE	(Month).....(Day).....(Year).....	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)
NAME OF FATHER	
BIRTHPLACE OF FATHER	(City or town, State or foreign country)
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER	(City or town, State or foreign country)

PARENTS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed....., 191....., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month).....(Day).....(Year).....

I HEREBY CERTIFY, that I attended deceased from

that I last saw h....., 191....., to....., 191.....,

alive on....., 19.....,

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:.....

JO.....

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Contributory
(SECONDARY)

(Signed)

191..... (Address)

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

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

M.....

*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. State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

191.....

This statement of OCCUPATION is very important.

PLACE OF BIRTH

County Mercer

Township Ravanna

Village _____

City _____ (NO. _____)

St. _____ Ward _____

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

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

Registration District No. 557

File No. 7152

Primary Registration District No. 5751

Registered No. 2

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

FULL NAME Edith Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>4</u> <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>Sept. 21</u> , 1908 (Month) (Day) (Year)		
AGE <u>2</u> yrs. <u>4</u> mos. <u>24</u> ds. If LESS than 1 day, hrs or min.?		

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

BIRTHPLACE
(City or town, State or foreign country) Roger Mills, Okla

NAME OF FATHER Ephraim Evans

BIRTHPLACE OF FATHER
(City or town, State or foreign country) Mercer Co. Mo

MAIDEN NAME OF MOTHER Saisy Arnduff

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Mercer Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Arnduff
(ADDRESS) Ravanna Mo.

Filed Mar 10, 1911 W A Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-15, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Jan 17, 1911, to Feb-15, 1911,
that I last saw her alive on Feb 14, 1911,
and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Pneumonia of both lungs.

(Duration) _____ yrs. 1 mos. 20 ds.

Contributory (SECONDARY) none
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. L. Lontzenhiser M. D.
Feb 17, 1911 (Address) Ravanna 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? Oklahoma

Former or usual residence Roger Mills Co. Okla

PLACE OF BURIAL OR REMOVAL Grave Cemetery, Mercer Co. DATE OF BURIAL Feb 16, 1911

UNDERTAKER Satterfield & Weaver ADDRESS Ravanna Mo.

Original file, date _____, 19____ 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]

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 septichaemia," "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.)