

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 Osage
Township Jackson
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

115
Registration District No. 641 File No. 37395
Primary Registration District No. 5850 Registered No. 3

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

FULL NAME Sucinda Philips

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
DATE OF BIRTH Jan 24, 1947
(Month) (Day) (Year)
AGE 63 yrs. + mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Jan 28, 1911
(Month) (Day) (Year)

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 126 9-0-1258

I HEREBY CERTIFY, that I attended deceased from Jan 16, 1911, to Jan 24, 1911, that I last saw her alive on Jan 24, 1911, and that death occurred, on the date stated above, at 10a m.

BIRTHPLACE (City or town, State or foreign country) Old Virginia

The CAUSE OF DEATH* was as follows:
Senior jaundice due to gall stones in gall bladder and common duct
(Duration) ___ yrs. 5 mos. 8 ds.

PARENTS
NAME OF FATHER Talt Wheeler
BIRTHPLACE OF FATHER (City or town, State or foreign country) Old Virginia
MAIDEN NAME OF MOTHER Sucinda Wheeler
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Old Virginia

Contributory (Secondary) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) A. J. Crider M. D.
Feb 8, 1911 (Address) Meta, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____

*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. 7 mos. 28 ds. In the State 61 yrs. ___ mos. 4 ds.
Where was disease contracted if not at place of death? _____
Former or usual residence Miller Co., Mo.

(ADDRESS) _____

Filed Feb 11, 1911 J. J. Radmacher REGISTRAR

PLACE OF BURIAL OR REMOVAL Painters Creek DATE OF BURIAL Jan 31, 1911
UNDERTAKER _____ ADDRESS _____

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.)



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.

PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Osage
 Township Jackson
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

Registration District No. 641 File No. 7395
 Primary Registration District No. 5850 Registered No. 3

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

FULL NAME

Lucenda Philips

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)
 DATE OF BIRTH Jan. 24, 1847
(Month) (Day) (Year)
 AGE 63 yrs. 4 mos. 4 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Jan. 28, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 16, 1911, to Jan. 24, 1911, that I last saw alive on Jan. 24, 1911, and that death occurred, on the date stated above, at 109 m. The CAUSE OF DEATH* was as follows:

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

Severe jaundice due to gall stones in gall bladder and common bile duct 8 ds.

BIRTHPLACE (City or town, State or foreign country) Old Virginia

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

PARENTS
 NAME OF FATHER Tact Wheeler
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Old Virginia
 MAIDEN NAME OF MOTHER Lucenda Wheeler
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Old Virginia

(Signed) A. J. Crider M. D.
Feb. 8. 1911 (Address) Meta, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Sam Philips *
 (ADDRESS) Osage Mo *
 Filed _____, 1911 REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ___ yrs. 7 mos. 28 ds. In the State 61 yrs. ___ mos. 4 ds.
 Where was disease contracted. If not at place of death?
 Former or usual residence Miller Co., Mo.

PLACE OF BURIAL OR REMOVAL Painter's Creek DATE OF BURIAL Jan. 31. 1911
 UNDERTAKER Theodor Baumert of Hazelton ADDRESS _____

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.)