

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

PLACE OF DEATH

County Washington
Township Richwoods
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

167
Registration District No. 889 File No. 9172
Primary Registration District No. 6185 Registered No. 14

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

FULL NAME Alvonda Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
DATE OF BIRTH Sept 6, 1905
(Month) (Day) (Year)
AGE 6 yrs. 5 mos. 22 ds. 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) 0

BIRTHPLACE (City or town, State or foreign country) Richwoods mo

PARENTS
NAME OF FATHER Albert Baker
BIRTHPLACE OF FATHER (City or town, State or foreign country) Washington Co
MAIDEN NAME OF MOTHER Rose Guerrier
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Washington Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arnell Guerrier
(ADDRESS) Richwoods Mo

Filed Feb 28th 1911
E. T. Phyllis md REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Feb 28, 1911, to Feb 28, 1911, that I last saw him alive on Feb 27, 1911, and that death occurred, on the date stated above, at 3 A.M.
The CAUSE OF DEATH* was as follows:

burned by clothing catching on fire
181

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

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) David Ford M. D.
Feb 28, 1911 (Address) Richwoods

* 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 Marine graveyard DATE OF BURIAL March 1, 1911
UNDERTAKER _____ ADDRESS _____

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

County.....

Township.....

or

Village.....

or

City.....(NO.)

Registration District No.

File No.

Primary Registration District No.

Registered No.

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)....., 191....., I.....(Day)....., I.....(Year)

AGE

.....yrs.mos.ds. IF LESS than
I day,hrs.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)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed

191.....

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....(Month)....., 191.....(Year)

I HEREBY CERTIFY, that I attended deceased from

....., 191....., to....., 191.....,

that I last saw h.....alive on....., 191.....,

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

The CAUSE OF DEATH* was as follows:

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

Contributory

(SECONDARY)

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

(Signed).....

.....191.....(Address).....

M. D.

*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

Where was disease contracted

If not at place of death?

Former or

usual residence.

.....yrs.mos.ds.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191.....

UNDERTAKER

ADDRESS

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

County Washington
Township Richwood
or
Village _____
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. 889 File No. 9172
Primary Registration District No. 6185 Registered No. 14

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

FULL NAME Alvonda Baker

PERSONAL AND STATISTICAL PARTICULARS		
SEX <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. 6, 1905</u> (Month) (Day) (Year)		
AGE <u>6 yrs. 5 mos. 22 ds.</u>		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) <u>Richwood Md</u>		
PARENTS	NAME OF FATHER <u>Albert Baker</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Washington Md</u>	
	MAIDEN NAME OF MOTHER <u>Rose Gerardin</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Washington Md</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Feb. 28, 1911</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Feb. 25, 1911</u> , to <u>Feb. 28, 1911</u> , that I last saw <u>her</u> alive on <u>Feb. 27, 1911</u> , and that death occurred, on the date stated above, at <u>39</u> m. The CAUSE OF DEATH* was as follows: <u>drowned by clothing catching on fire</u>	
(Duration) _____ yrs. _____ mos. <u>4</u> ds.	
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>David Ford</u> M. D. <u>Feb. 28, 1911</u> (Address) <u>Richwood</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arneal Gerardin
(ADDRESS) Richwood Md

Filed Feb 21 1911
J. Phyllis REGISTRAR

*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.	DATE OF BURIAL <u>March 1, 1911</u>
Where was disease contracted If not at place of death? Former or usual residence _____	ADDRESS <u>Richwood</u>
PLACE OF BURIAL OR REMOVAL <u>Harris graveyard</u>	UNDERTAKER <u>W. J. Hurdick</u>

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 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.)