

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

PLACE OF DEATH
County Madaway
Township Green or Village _____
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 628 File No. 11402
Primary Registration District No. 5830 Registered No. _____

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

FULL NAME Louise Hunt Warren

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)
DATE OF BIRTH Feb 25 1861
(Month) (Day) (Year)
AGE 70 yrs. 1 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Feb 24 1911
(Month) (Day) (Year)

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

I HEREBY CERTIFY, that I attended deceased from June 8 1910, to Feb 22 1911, that I last saw her alive on Feb 22 1911, and that death occurred, on the date stated above, at 12 A.M.
The CAUSE OF DEATH* was as follows:

BIRTHPLACE
(City or town, State or foreign country) Kentucky

Pulmonary tuberculosis
23A
(Duration) 2 yrs. 1 mos. 1 ds.

PARENTS
NAME OF FATHER Wm. Rowlett Hunt
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
MAIDEN NAME OF MOTHER Polly Ann Hunt
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. W. Ryan M. D.
Mar 1 1911 (Address) Quitman, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. B. Collins
(ADDRESS) Quitman, 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? at place of death
Former or usual residence ✓

Filed Mar 1 1911 H. W. Ryan REGISTRAR

PLACE OF BURIAL OR REMOVAL Quitman, Mo. DATE OF BURIAL Feb 27 1911
UNDERTAKER L. D. London ADDRESS St. Louis

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

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.)



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

County Nodaway Registration District No. 628 File No. 11403
 Township Skrein or Village _____ Primary Registration District No. 5830 Registered No. _____
 City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Louisa Hunt Warren

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (If write the word)	DATE OF DEATH <u>Feb-26</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb-25</u> , 184 <u>1</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan-3</u> , 191 <u>0</u> , to <u>Feb-22</u> , 191 <u>1</u> , that I last saw her alive on <u>Feb-22</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>10 a.m.</u>	
AGE <u>70</u> yrs. <u>1</u> mos. <u>1</u> ds.		if LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u>	
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) _____			(Duration) <u>2</u> yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>			Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Wm. Raudette Hunt</u>		(Signed) <u>J. M. Ryan</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont know</u>		<u>Mar. 1</u> , 191 <u>1</u> (Address) <u>Luitman</u>	
	MAIDEN NAME OF MOTHER <u>Patty Ann Kated</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm. B. Collins</u> (ADDRESS) <u>Luitman Mo.</u>			Where was disease contracted if not at place of death? <u>at place of death</u> Former or usual residence <u>2</u>	
Filed <u>Feb 27</u> 191 <u>1</u> <u>J. M. Ryan</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Luitman Cem.</u>	
			DATE OF BURIAL <u>Feb. 27</u> , 191 <u>1</u>	
			UNDERTAKER <u>L. D. Jordan</u>	
			ADDRESS <u>Skidmore</u>	

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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