

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

PLACE OF DEATH
County Madison
Township Be
or Village Bell City,
or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 835 File No. 13099
Primary Registration District No. 4606 Registered No. 161

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

FULL NAME Lois Pearl Robinson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Single

DATE OF DEATH _____ 3 _____ 26, 1911
(Month) (Day) (Year)

DATE OF BIRTH _____ 3 _____ 5, 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____ 3/2, 1911, to _____ 3/26, 1911, that I last saw her alive on _____ 3/26, 1911, and that death occurred, on the date stated above, at _____ 2 P. M.

AGE _____ 2 _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 0

Malarial Fever
(Duration) _____ yrs. _____ mos. 25 ds.

BIRTHPLACE (City or town, State or foreign country) Jowuley, Mo.

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

NAME OF FATHER Frank Robinson

(Signed) C. O. Bennett, M. D.
3/16 1911 (Address) _____

BIRTHPLACE OF FATHER (City or town, State or foreign country) Paragould, Ark.

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

MAIDEN NAME OF MOTHER Leone Miller

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bolivar, Tenn.

At place of death _____ yrs. 9 mos. _____ ds. In the State 1 yrs. 9 mos. _____ ds.

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

Where was disease contracted? If not at place of death? _____ Former or usual residence Jowuley, Mo.

(ADDRESS) Bell City, Mo.

PLACE OF BURIAL OR REMOVAL Clark's Chapel, Greenwood, Ark. DATE OF BURIAL 3/27 1911

Filed 3/26 1911, C. O. Bennett, REGISTRAR

UNDERTAKER H. S. Conlitan, Bell City, Mo. ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.)

HUGH STEPHENS, JEFFERSON CITY.



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH
County Stoddard
Township
or
Village Bell City
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 835 File No. 13099
Primary Registration District No. 4506 Registered No. 15

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

FULL NAME Louie Pearl Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OF RACE White SINGLE Single MARRIED WIDOWED OR DIVORCED (If wife deceased)
DATE OF BIRTH 2 3 1909
(Month) (Day) (Year)
AGE 2 yrs. 21 mos. 21 ds. If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

BIRTHPLACE (City or town, State or foreign country) Trousdale, Mo.

NAME OF FATHER Frank Robinson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Carroll, Ark.
MAIDEN NAME OF MOTHER Georgie Millender
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Down, Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Robinson
(ADDRESS) Bell City, Mo.

Filed 3/26 1914. C. O. Bennett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 - 26, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1914, to 3/26, 1914, that I last saw him alive on 3/26, 1914, and that death occurred, on the date stated above, at 2 P m.

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

(Duration) yrs. _____ mos. 25 ds.

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

(Signed) C. O. Bennett M. D.
3/26 1914 (Address) Bell City, 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. 9 mos. _____ ds. In the 1 yrs. 9 mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence Trousdale, Mo.

PLACE OF BURIAL OR REMOVAL Clark's Chapel, Trousdale, Mo. DATE OF BURIAL 3/27 1914

UNDERTAKER J. J. Caughy ADDRESS Bell City, Mo.

Revised United States Standard Certificate of Death

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

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