

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.

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

PLACE OF DEATH Webster
 County High Prairie Registration District No. 896 File No. 13274
 Township High Prairie or High Prairie Primary Registration District No. 6200 Registered No. 18
 Village _____ or _____ City _____ (NO. _____ St.; _____ Ward)
 FULL NAME Wa Vasthi Brashier (If death occurred in a hospital or institution, give its NAME instead of street and number)

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>Feb 21st</u> , 19 <u>09</u> (Month) (Day) (Year)
AGE <u>8</u> yrs. <u>1</u> mos. <u>15</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Ch'cl</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Seymour Mo - RFD</u>			
PARENTS	NAME OF FATHER <u>John Brashier</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Hartsville Mo</u>		
	MAIDEN NAME OF MOTHER <u>Naoma Hyder</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kansas City Mo</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 4, 1911, to Feb 8th, 1911, that I last saw her alive on Feb 4, 1911, and that death occurred, on the date stated above, at 9³⁰ a.m.

The CAUSE OF DEATH* was as follows:
Menigitis (Cerebral)
79A 61

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

Contributory None
(SECONDARY) ____ yrs. ____ mos. ____ ds.

(Signed) E. Brumble M. D.
Feb 8, 1911 (Address) Seymour 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?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Feb 11

UNDERTAKER James Mc Mahan ADDRESS Seymour, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. G. Hyder
 (ADDRESS) Seymour Mo
 Filed March 10, 1911 W. R. Bestie
 REGISTRAR

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*, *Compositor*, *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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

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

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

County Webster
Township High Prairie
Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 896 File No. 13274
Primary Registration District No. 6200 Registered No. 18

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

FULL NAME Ira Vashti Brashier

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
DATE OF BIRTH Feb. 21, 1913
(Month) (Day) (Year)
AGE 8 yrs. 1 mos. 15 ds. If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Seymour Mo. R. 7. D.

PARENTS
NAME OF FATHER John Brashier
BIRTHPLACE OF FATHER (City or town, State or foreign country) Waverly Mo
MAIDEN NAME OF MOTHER Nazma Hyder
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas City Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Hyder
(ADDRESS) Leagus Mo
Filed March 10, 1914 W. R. Beatie
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 8, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mch. 4, 1914, to Mch. 8, 1914, that I last saw her alive on Mch. 4, 1914, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
meningitis (Cerebral)

(Duration) _____ yrs. _____ mos. 4 ds.
Contributory none
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. Trimble M. D.
Mch. 8, 1914 (Address) Seymour 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? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL George County DATE OF BURIAL March 10, 1914
UNDERTAKEN James McMahan ADDRESS Seymour Mo

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 septicæmia," "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.)