

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

PLACE OF DEATH

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

Registration District No. 398 File No. 17676
Primary Registration District No. 5504 Registered No. 110

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

FULL NAME Mrs Emma Turner

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH 4-29, 1911
(Month) (Day) (Year)

DATE OF BIRTH March 26, 1823
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 4-27, 1911, to 4-29, 1911, that I last saw her alive on 4-29, 1911, and that death occurred, on the date stated above, at 3 p. m. The CAUSE OF DEATH* was as follows:

AGE 88 yrs. 1 mos. 3 ds. IF LESS than 1 day, hrs. or min.?

Shock
162

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

BIRTHPLACE Betty Stafford
(City or town, State or foreign country) England

(Duration) yrs. mos. ds.

PARENTS NAME OF FATHER W. Bedford

Contributory (SECONDARY) Senility
(Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Wiltshire England

(Signed) W. H. Hanson M. D.
4-30, 1911 (Address) Blue No

MAIDEN NAME OF MOTHER Hobson

*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) England

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 2 yrs. 1 mos. 20 ds. In the State 10 yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?
Former or usual residence Independence Mo

(Informant) Anna S. Cooper

PLACE OF BURIAL OR REMOVAL St. Augustine DATE OF BURIAL April 30, 1911
ADDRESS _____

(ADDRESS) 1110 Summit St

Filed May 2, 1911 W. H. Hanson REGISTRAR

UNDER-TAKER W. H. Hanson ADDRESS Independence Mo.

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.

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.)



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County JacksonTownship BlueVillage Little Blue, Mo.

City _____ (NO. _____)

Registration District No. 398File No. 17676Primary Registration District No. 5554Registered No. 110

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

FULL NAME Mrs Emma Turner

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|-------------------------------|---|
| SEX <u>Female</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u> |
| DATE OF BIRTH <u>March 26</u> , 18 <u>23</u> (Month) (Day) (Year) | | |
| AGE <u>88</u> yrs. <u>1</u> mos. <u>3</u> 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) England

BIRTHPLACE
(City or town, State or foreign country)
Betty Hoffaudeh
England

| | |
|---------|---|
| PARENTS | NAME OF FATHER <u>Wm. Sedgwick</u> |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Shropshire</u> <u>England</u> |
| | MAIDEN NAME OF MOTHER <u>Mary Hobson</u> |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Shropshire</u> <u>England</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Annie S. Cooper
 (ADDRESS) 1110 Summit St.

Filed May 21, 1911 at Raymond City, Mo.
S. E. Krumm
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
4 (Month) 29, 1911
 (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 4-27, 1911, to 4-29, 1911,
 that I last saw her alive on 4-29, 1911,
 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Shock

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

(Signed) A. M. Harrison M. D.
4-30, 1911 (Address) Little Blue 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 2 yrs. 1 mos. 20 ds. In the State 10 yrs. ___ mos. ___ ds.

Where was disease contracted
 if not at place of death?

Former or usual residence Independence Mo.

PLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL Apr. 30, 1911

UNDERTAKER H. Jett & Co. ADDRESS Independence Mo.

Original file, date _____, 19____. 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]

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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.)