

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
 County Greene
 Township Boone or Village Ash Grove City Ash Grove (NO. _____) St. _____ Ward _____
 Registration District No. 316 File No. 20890
 Primary Registration District No. 4191 Registered No. 9
 FULL NAME Madge Helen Perryman

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)
 DATE OF BIRTH Sept. 9, 1900 (Month) (Day) (Year)
 AGE 10 yrs. 9 mos. 13 ds. IF LESS than 1 day, ___ hrs. or ___ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work At home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

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

PARENTS
 NAME OF FATHER John H. Perryman
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ash Grove Mo.
 MAIDEN NAME OF MOTHER Minnie A. Van Horn
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Buffalo Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. Perryman
 (ADDRESS) Ash Grove Mo.
 Filed _____ 191____
 REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22, 1911 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from June 8, 1911, to June 22, 1911, that I last saw her alive on June 22, 1911, and that death occurred, on the date stated above, at 12:28 P.M.

The CAUSE OF DEATH* was as follows:
10 Diphtheria

(Duration) ___ yrs. ___ mos. 11 ds.
 Contributory (SECONDARY) Paralysis of heart
 (Duration) ___ yrs. ___ mos. 1 ds.
 (Signed) H. K. Conner M. D.
June 23, 1911 (Address) Ash Grove 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 10 yrs. 9 mos. 13 ds. In the State 10 yrs. 9 mos. 13 ds.
 Where was disease contracted if not at place of death? At place of death
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Ash Grove Mo. DATE OF BURIAL June 23, 1911
 UNDERTAKER _____ ADDRESS _____

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—Coalmine*, 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.

CERTIFICATE OF DEATH

County Greene Registration District No. 316 File No. 20890
 Township _____ or _____ Village _____ or _____ City Ash Grove (NO. _____ St. _____ Ward _____)
 Primary Registration District No. 4191 Registered No. 9

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

FULL NAME Madge Helen Perryman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
 DATE OF BIRTH Sept. 9, 1900 (Month) (Day) (Year)
 AGE 10 yrs. 9 mos. 13 ds. If LESS than 1 day, ___ hrs. or ___ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22, 1911 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from June 8, 1911, to June 22, 1911, that I last saw her alive on _____, 1911, and that death occurred, on the date stated above, at 12:15 P.M.
 The CAUSE OF DEATH* was as follows:
Diphtheria

BIRTHPLACE (City or town, State or foreign country) Ash Grove Mo.
 NAME OF FATHER John N. Perryman
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ash Grove Mo.
 MAIDEN NAME OF MOTHER Marion A. Van Horn
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Buffalo Mo.

Contributory Paralysis of Heart (Duration) _____ yrs. _____ mos. 11 ds.
 (Secondary) (Duration) _____ yrs. _____ mos. 1 ds.
 (Signed) H. K. Cowen M. D.
 (Address) Ash Grove Mo.
 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. N. Perryman
 (ADDRESS) Ash Grove Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 10 yrs. 9 mos. 13 ds. In the 10 yrs. 9 mos. 13 ds.
 Where was disease contracted if not at place of death? at place of death
 Former or usual residence _____

Filed June 28 1911 Oral
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Ash Grove Mo DATE OF BURIAL June 23 1911
 UNDERTAKER J. H. ... ADDRESS _____

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.)