

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Chiles  
County Holt  
Township Minton Registration District No. 947 File No. 21014  
or  
Village \_\_\_\_\_ Primary Registration District No. 5512 Registered No. 2  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
FULL NAME Helen Pauline Childs [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 <u>Single</u> (Write the word)
DATE OF BIRTH <u>March 10<sup>th</sup></u> , 19 <u>11</u> (Month) (Day) (Year)		
AGE <u>2</u> yrs. <u>23</u> mos. <u>23</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Minton Twp.</u>		
PARENTS	NAME OF FATHER <u>Harvey L. Childs</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St Joseph Mo</u>	
	MAIDEN NAME OF MOTHER <u>Lula Van Camp.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Minton Twp.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>x C. O. Van Camp,</u>		
(ADDRESS) <u>Forest City Mo</u>		
Filed _____, 191 <u>1</u>		
REGISTRAR		

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>June 2<sup>nd</sup></u> , 19 <u>11</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from _____, 19 <u>11</u> , to _____, 19 <u>11</u> that I last saw h. _____ alive on _____, 19 <u>11</u> and that death occurred, on the date stated above, at _____ m	
The CAUSE OF DEATH* was as follows: <u>Salutrial insufficiency previously</u> <u>MI/crown found dead</u> <u>in bed at 3 A.M. June 2<sup>nd</sup> 1911</u>	
LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____ M. D. _____, 19 <u>11</u> (Address) _____	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Where was disease contracted If not at place of death? _____	
Former or usual residence _____	
PLACE OF BURIAL OR REMOVAL <u>Mount Hope Cemetery</u>	DATE OF BURIAL <u>June 3</u> , 19 <u>11</u>
UNDERTAKER <u>W. M. Hitt</u>	ADDRESS <u>Forest City Mo</u>

# 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 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.

PLACE OF DEATH

County Holt  
 Township Minton  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 947 File No. 21074  
 Primary Registration District No. 5512 Registered No. 2

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

FULL NAME Helen Pauline Childs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
 (If wife the word)  
 DATE OF BIRTH March 10 1911  
 (Month) (Day) (Year)  
 AGE \_\_\_\_\_ yrs. 2 mos. 23 ds. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS  
 NAME OF FATHER Harvey Childs  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Joseph, Mo.  
 MAIDEN NAME OF MOTHER Lily Van Camp  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Minton Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) C. O. Van Camp  
 (ADDRESS) Forest City, Mo.

Filed June 2 1911 J. L. Minton REGISTRAR

Original file date June 2 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ 1911 to \_\_\_\_\_ 1911  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_  
 and that death occurred, on the date stated above, at \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
Had uterine insufficiency  
previously unknown.  
Found dead in bed at  
3 a.m. June 2nd 1911  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory \_\_\_\_\_  
 (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. L. Minton M. D.  
 (Address) Forest 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. \_\_\_\_\_ 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 Mount Hope Cem. DATE OF BURIAL June 3 1911  
 UNDERTAKER W. M. Hitt ADDRESS Forest City

All information called for must be written on this Supplementary Certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. L. Minton should state EXACTLY. PHYSICIANS should state

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