

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 McDonald  
Township White Rock  
or  
Village  
or  
City

Registration District No. 318- File No. 21702  
Primary Registration District No. 5697 Registered No.  
St. Ward

FULL NAME Elizabeth J. Hanson

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF DEATH May 27, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Jan. 28, 1870  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 26, 1911, to May 27, 1911, that I last saw her alive on May 27, 1911, and that death occurred, on the date stated above, at 7<sup>00</sup> m.

AGE 41 yrs. 4 mos. 2 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Child Birth  
Operation  
147 1/2 (Duration) yrs. mos. ds.

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

BIRTHPLACE (City or town, State or foreign country) Ort.

PARENTS  
NAME OF FATHER Frank Masters  
BIRTHPLACE OF FATHER (City or town, State or foreign country) New Jersey  
MAIDEN NAME OF MOTHER Lucinda Taylor  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

Contributory (SECONDARY)  
(Duration) yrs. mos. ds.  
(Signed) J. G. Webster M. D.  
May 30, 1911 (Address) Jane Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jas Hanson  
(ADDRESS) Jane 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

Filed June 10, 1911 J. G. Webster REGISTRAR

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 27, 1911  
UNDERTAKER ADDRESS J. H. Cardwell Jane Mo

# 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*, *peritonaeum*, 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.)



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

PLACE OF DEATH  
County McDonald  
Township White Rock  
or  
Village  
or  
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Registration District No. 315 File No. 21702  
Primary Registration District No. 5697 Registered No.  
St. Ward

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

FULL NAME Elizabeth J. Henson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH Jan. 25, 1870  
(Month) (Day) (Year)  
AGE 41 yrs. 4 mos. 2 ds. IF LESS than 1 day, hrs or min.  
OCCUPATION (a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from May 26, 1911, to May 27, 1911, that I last saw her alive on May 27, 1911, and that death occurred, on the date stated above, at 7 a. m.  
The CAUSE OF DEATH\* was as follows:  
Child Birth Operation  
(Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Ark.  
NAME OF FATHER Frank Masters  
BIRTHPLACE OF FATHER (City or town, State or foreign country) New Jersey  
MAIDEN NAME OF MOTHER Leanda Taylor  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

Contributory (SECONDARY) (Duration) yrs. mos. ds.  
(Signed) J. G. Webster M. D.  
May 30, 1911 (Address) Jane, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jas. Henson  
(ADDRESS) Jane, 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.

Filed June 10, 1911 J. G. Webster REGISTRAR

PLACE OF BURIAL OR REMOVAL Winter Country DATE OF BURIAL May 27, 1911  
UNDERTAKER J. H. Cardwell ADDRESS Jane, Mo.

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