

PLACE OF DEATH

Mercer Madison

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

Registration District No. *555* File No. *21788*
Primary Registration District No. *5748* Registered No. _____

(NO. _____ St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME *Wilma McQuerry*

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE *White* SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

BIRTH *Nov 13* (Month) (Day) (Year) *1901*

9 yrs. *6* mos. *25* day, hrs. min.?

Profession, or kind of work _____

Nature of industry, establishment in which employed (or employer) _____

Country _____

NAME OF DECEASED *Perry McQuerry*

PLACE OF BIRTH *Mercer Co. Mo.*

NAME OF WITNESS *Cornis Etterlin*

PLACE OF BIRTH *Mercer Co. Mo.*

IS TRUE TO THE BEST OF MY KNOWLEDGE

Perry McQuerry

ADDRESS *Millgrove etc.*

June 11, 1911

REGISTRAR *W. Beall*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *June 8th* 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *May 22*, 1911, to *June 8*, 1911, that I last saw her alive on *June 8*, 1911,

and that death occurred, on the date stated above, at *4 P.M.*

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal

99 B Meningitis

91 B (Duration) yrs. mos. ds.

Contributory *Endocarditis* (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *W. Beall* M. D. *June 8, 1911* (Address) *Madison 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 *Hamilton Co. Mo.* DATE OF BURIAL *June 9, 1911*

UNDERTAKER *S. Clupfer* ADDRESS *W. Mouth 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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

County Mercer
Township Madison
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 533- File No. _____
Primary Registration District No. 5748 Registered No. _____

FULL NAME Wilma W. Derry [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 <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>	DATE OF DEATH <u>June 7-8</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov. 13</u> , 19 <u>01</u> (Month) (Day) (Year)			HEREBY CERTIFY, that I attended deceased from <u>May 22</u> , 191 <u>1</u> , to <u>June 8</u> , 191 <u>1</u> , that I last saw her alive on: <u>June 8</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>4 PM</u> .	
AGE <u>9</u> yrs. <u>6</u> mos. <u>25</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?			The CAUSE OF DEATH* was as follows: <u>Cerebro-Spinal Meningitis</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Duration ___ yrs. ___ mos. ___ ds. Contributory <u>Indocarditis</u> (SECONDARY) Duration ___ yrs. ___ mos. ___ ds. (Signed) <u>A. Beall</u> <u>June 8</u> , 191 <u>1</u> (Address) <u>Madison, Mo.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Mercer Co. Mo.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Perry W. Derry</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mercer Co. Mo.</u>		Where was disease contracted If not at place of death? _____	
	MAIDEN NAME OF MOTHER <u>Carrie Newton</u>		Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mercer Co. Mo.</u>		PLACE OF BURIAL OR REMOVAL <u>Hamilton Cem.</u> DATE OF BURIAL <u>June 9</u> , 191 <u>1</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Perry W. Derry</u> (ADDRESS) <u>Mill Grove, Mo.</u>			FUNERAL ADDRESS <u>St. Carpenter</u>	
Filed <u>June 8</u> , 191 <u>1</u> REGISTRAR <u>A. Beall</u>			ADDRESS <u>St. Carpenter</u>	

Original file, date June 11, 1911. 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]

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: *Megsles* (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.)

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