

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

PLACE OF DEATH

County Pulaski
Township Union
or
Village
or
City (NO. _____ St.; _____ Ward)

Registration District No. 711

File No. 22115

Primary Registration District No. 5940

Registered No. 14

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

FULL NAME

Blanche Burnett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH May 26, 1911
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or 20 min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

Unknown

BIRTHPLACE

(City or town, State or foreign country)

Pulaski Co. Mo.

PARENTS

NAME OF FATHER

Benjamin F. Burnett

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

Missouri

MAIDEN NAME OF MOTHER

Maggie Greer

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Benjamin F. Burnett
Wheeler Mo.

(ADDRESS)

Filed

June 6, 1911

REGISTRAR

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 26, 1911, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* was as follows:

159 Premature Birth
uterine gestation 8
months

(Duration) _____ yrs. 5 1/2 mos. 1 ds.

Contributory (SECONDARY)

unknown
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. J. Lee M. D.
May 30, 1911 (Address) Waynesville 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 5 1/2 hrs. In the 5 1/2 hrs. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

unknown

Former or usual residence

unknown

PLACE OF BURIAL OR REMOVAL

Wheeler Cemetery

DATE OF BURIAL

May 27, 1911

UNDERTAKER

John Coward

ADDRESS

Wheeler 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*, *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.)



PLACE OF DEATH

County

Pulaski

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township

Union

Registration District No.

711

File No.

22115

Village

Primary Registration District No.

5940

Registered No.

14

City

(NO.

St.

Ward)

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

FULL NAME

Blanche Burnett

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(If write the word)

Female

white

single

DATE OF BIRTH

May 26

1911

AGE

IF LESS than
1 day, hrs.
or min.

yrs. mos. ds.

OCCUPATION

(a) Trade, profession, or
particular kind of work

Infant

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Unknown

BIRTHPLACE

(City or town,

State or foreign country)

Pulaski, Mo.

PARENTS

NAME OF
FATHER

Benj. F. Burnett

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

Mo.

MAIDEN NAME
OF MOTHER

Bessie Green

BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Benj. F. Burnett

(ADDRESS)

Wheeler Mo.

Filed

June 27, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 27

1911

I HEREBY CERTIFY, that I attended deceased from

May 26, 1911, to May 27, 1911,

that I last saw her alive on May 26, 1911,

and that death occurred, on the date stated above, at 4.0 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth uterine
Gestation 8 months

(Duration) yrs. mos. ds. 5 1/2 hrs.

Contributory

(SECONDARY)

Unknown

(Duration) yrs. mos. ds.

(Signed)

W. J. Sell

M. D.

May 30, 1911

(Address) Waynesville Mo.

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(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. 5 1/2 hrs. 5 1/2 hrs.

Where was disease contracted
if not at place of death?

unknown

Former or
usual residence

PLACE OF BURIAL OR REMOVAL

Wheeler Cem.

DATE OF BURIAL

May 27, 1911

UNDERTAKER

John Cowen

ADDRESS

Crocker Mo.

Original file, date June 6, 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]

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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.)