PLACE OF DEATH

County Bollinger Co

Township Liberty

or

Village

or

City (NO. St.; Ward)

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

Registration District No. 940

File No. 3 23650

Primary Registration District No. 3104

Registered No. 3

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

FULL NAME Lou Ella Revell.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Mar (Month) 4 (Day) 1888 (Year)

AGE 23 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work — 1 31
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0 7

BIRTHPLACE (City or town, State or foreign country) Bollinger Co

PARENTS

NAME OF FATHER John Revell

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

MAIDEN NAME OF MOTHER Loucela McElve

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Revell

(ADDRESS) Allenville Mo

Filed , 191 , REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from July 2, 1911, to July 17, 1911, that I last saw her alive on July 16, 1911, and that death occurred, on the date stated above, at 8:50 m.

The CAUSE OF DEATH* was as follows:

Typhoid fever. complicated with Tubercular Trouble of Stomach

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Measles

(Duration) 9 yrs. mos. ds.

(Signed) J. M. Finney M. D.

July 17, 1911 (Address) Whitewater 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

DATE OF BURIAL , 191

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*, *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 ter-

MISSOURI STATE
BUREAU OF
CERTIFICA

PLACE OF DEATH

County _____

Township _____ or Village _____ or City _____ (NO. _____ St.)

Registration District No. _____ File N

Primary Registration District No. _____ Regist

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH _____ (Month) _____ (Day), I _____ (Year)

AGE _____ yrs. _____ mos. _____ 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) _____

PARENTS
NAME OF FATHER _____
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____ REGISTRAR

MEDICAL CERTIFICA

DATE OF DEATH _____ (Month)

I HEREBY CERTIFY, _____, 191__, to that I last saw h____ alive on _____ and that death occurred, on the d

The CAUSE OF DEATH* was as

_____ (Duration)

Contributory _____ (SECONDARY) _____ (Duration)

(Signed) _____, 191__ (Address)

*State the Disease Causing Death, or, in (1) Means of Injury; and (2) whether Accident

LENGTH OF RESIDENCE (FOR HOSPITA RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. I

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

PLACE OF DEATH

County Bollinger

Township Liberty

or

Village

or

City (NO. , St.: Ward)

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

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

Registration District No. 940 File No. 23650

Primary Registration District No. 5104 Registered No. 3

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

FULL NAME Lou Ella Revell.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Mar. (Month) 4 (Day), 1888 (Year)

AGE: 23 yrs. 5 mos. - 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): Bollinger Co.

NAME OF FATHER: John Revell.

BIRTHPLACE OF FATHER (City or town, State or foreign country): Bollinger Co.

MAIDEN NAME OF MOTHER: Loucela McCelve.

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Bollinger Co.

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) Mrs John Revell.

(ADDRESS) Allenville Mo.

ed July 17 1911 J. M. Finney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 (Month) (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from July 2, 1911, to July 17, 1911, that I last saw her alive on " 16, 1911, and that death occurred, on the date stated above, at 8:50 m.

The CAUSE OF DEATH* was as follows:

Typhoid fever. complicated with tuberculor trouble of stomach.

(Duration) yrs. mos. ds.

Contributory (SECONDARY) measles

(Duration) 9 yrs. mos. ds.

(Signed) J. M. Finney M. D.

July 17 1911 (Address) Whitewater 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: Fairview

DATE OF BURIAL: July 18 1911

UNDERTAKER: Aug. Shonauff.

ADDRESS: Advance Mo.

Original file, date July 17, 1911

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

SUPPLEMENTARY

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, Sarcoma,* 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), *20 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.)