

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Chariton

Township _____

Registration District No. 175File No. 24001

Village _____

Primary Registration District No. 4104Registered No. x5City Salisbury (NO. _____)

St. _____ Ward _____

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

FULL NAME Golden B. Rodgers

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Sept 8 (Month) 1889 (Year)AGE 21 yrs. 0 mos. 0 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work milliner(b) General nature of industry, business, or establishment in which employed (or employer) - 9-71BIRTHPLACE (City or town, State or foreign country) MoPARENTS NAME OF FATHER Michael RodgersBIRTHPLACE OF FATHER (City or town, State or foreign country) OhioMAIDEN NAME OF MOTHER Missouri BoyarthBIRTHPLACE OF MOTHER (City or town, State or foreign country) MoTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. M. Rodgers(ADDRESS) Salisbury MoFiled 7/21 1911 G. W. Hawkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20, 1911 (Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 22, 1911, to July 20, 1911, that I last saw her alive on July 20, 1911, and that death occurred, on the date stated above, at 11 P.The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Duration) ___ yrs. ___ mos. ___ ds.

Contributory (Secondary) G. W. Hawkins (Duration) ___ yrs. ___ mos. ___ ds.(Address) Salisbury M. D. July 21, 1911

*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 Salisbury Care DATE OF BURIAL 7/22 1911UNDERTAKER G. Ainsworth ADDRESS Salisbury

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, Composer, 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) *Ship*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;

Housewife, (b) *Automobile factory*. The material gainfully employed may form part of the second statement. It should be taken to return "Laborer," "Foreman," "Manager," "Persons engaged," etc., without more precise specification, as *Housemaid, Printer, Farm laborer, Laborer—Coal mine*, etc. or given up at home, who are engaged in the duties of the occupation only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, Housewife*. For *At home*, and children, not gainfully employed, write *None*. Care should be taken to re-
 sively the occupations of persons engaged in service for wages, as *Servant, Cook, House-*
 If the occupation has been changed or given
 count of the DISEASE CAUSING DEATH, state oc-
 at beginning of illness. If retired from busi-
 it fact may be indicated thus: *Farmer (re-*
yr.s.). For persons who have no occupation
 write *None*.

Statement of cause of death.—Name, first, the CAUSING DEATH (the primary affection with re-
 time and causation), using always the same
 term for the same disease. Examples: *Cere-*
fever (the only definite synonym is "Epidemic
 spinal meningitis"); *Diphtheria* (avoid use of
); Typhoid fever (never report "Typhoid
 ("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.)