

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

PLACE OF DEATH

County DeKalb

Township Glory

or Village

or City

Registration District No. 287

Primary Registration District No. 5405

File No. 24200

Registered No. 45

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

FULL NAME Cassie Holderfeld

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH July 7th 1911  
(Month) (Day) (Year)

DATE OF BIRTH June 7 1891  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1st, 1911, to July 7th, 1911, that I last saw her alive on July 7th, 1911, and that death occurred, on the date stated above, at 9:30 p.m.

AGE 20 yrs. 1 mos. 0 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Malarial Fever  
4 (Duration) about yrs. 12 mos. 12 ds.

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) V O

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) W. E. Sturges M. D.  
X 1911 (Address) \_\_\_\_\_ X

BIRTHPLACE (City or town, State or foreign country) Hornersville 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)

NAME OF FATHER Albert Holderfeld

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) not known

Where was disease contracted if not at place of death? \_\_\_\_\_

MAIDEN NAME OF MOTHER Katie Davidson

Former or usual residence \_\_\_\_\_

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

PLACE OF BURIAL OR REMOVAL Cuda Cemetery DATE OF BURIAL July 8 1911  
UNDERTAKER W. E. Sturges ADDRESS Hornersville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. E. Edmunds  
(ADDRESS) Hornersville, Mo

Filed July 7 1911 Dr. W. E. Sturges REGISTRAR

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*, *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) *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.)

HUGH STEPHENS, JEFFERSON CITY.



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 Dunklin  
Township Clay  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 287 File No. 24200  
Primary Registration District No. 5405 Registered No. 45

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

FULL NAME Cassie Holderfield

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
DATE OF BIRTH June 7, 1891 (Month) (Day) (Year)  
AGE 20 yrs. 1 mos. 0 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. ?

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Hornersville Mo.

PARENTS  
NAME OF FATHER Albert Holderfield  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known  
MAIDEN NAME OF MOTHER Natie Davidson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Near Hornersville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. N. Edmondson  
(ADDRESS) Hornersville Mo.

Execd July 8, 1911, by Dr. W. E. Sturgis  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1911 (Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from July 7, 1911, to July 7, 1911, that I last saw her alive on July 7, 1911, and that death occurred, on the date stated above, at 9:30 P.M.  
The CAUSE OF DEATH\* was as follows:  
Malarial Fever

(Duration) about mos. 12 ds.  
Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) W. E. Sturgis M. D. July 8, 1911 (Address) Hornersville 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 Cude Cemetery DATE OF BURIAL July 8, 1911  
UNDERTAKER W. M. Cates ADDRESS Hornersville

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