

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

PLACE OF DEATH

County Ripley
Township Johnson
or
Village
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 1066

File No. 2587

Primary Registration District No. 5988

Registered No. _____

FULL NAME Blanch Running

[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 Female COLOR OF RACE white SINGLE child
MARRIED
WIDOWED
OR DIVORCED
(Write the year)

DATE OF DEATH June 14, 1911
(Month) (Day) (Year)

DATE OF BIRTH June 9, 1909
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from June 1, 1911 to June 14, 1911,
that I last saw her alive on June 12, 1911,
and that death occurred on the date stated above, at 10 105 170
The CAUSE OF DEATH was as follows:
Typho Interictis 951

AGE 2 yrs. 0 mos. 0 ds. If LESS than
1 day, ___ hrs. or ___ min.?

Contributory Cancer Cris.
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) D. O. Crocker M. D.
6-14, 1911 (Address) Doniphan Mo

(b) General nature of industry, business, or establishment in which employed (or employer) " 0

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

NAME OF FATHER Clayton Running

BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis, Ark.

MAIDEN NAME OF MOTHER Ann Johnson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ripley Co. Mo.

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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Johnson

ADDRESS Flat Woods Mo

PLACE OF BURIAL OR REMOVAL Strong Hill Cem. DATE OF BURIAL 6-14, 1911

Filed July 31, 1911 Jack Mitchell REGISTRAR

UNDERTAKER J. P. Wright Doniphan Mo. ADDRESS _____

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.)



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.

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CERTIFICATE OF DEATH

PLACE OF DEATH

County Ripley

Township Johnson

or Village Flat Woods

or City _____ (NO. _____ St.; _____ Ward)

Registration District No. 750

File No. 25737

Primary Registration District No. 5988

Registered No. 38

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

FULL NAME Blanch Drumming

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH June 14, 1911
(Month) (Day) (Year)

DATE OF BIRTH June 12, 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 12th, 1911, to June 14th, 1911, that I last saw her alive on June 12th, 1911, and that death occurred, on the date stated above, at _____ m.

AGE 2 yrs. — mos. — ds. IF LESS than 1 day, _____ hrs. or _____ min?

The CAUSE OF DEATH* was as follows:
Gastric Enteritis

OCCUPATION (a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) "

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

(Duration) yrs. mos. ds. 1 1 1

NAME OF FATHER Arthur Drumming

Contributory Caecum Over
(SECONDARY)

BIRTHPLACE OF FATHER St. Louis Mo.

(Duration) yrs. mos. ds. 6 6 6

MAIDEN NAME OF MOTHER Anna Johnson

(Signed) S. J. Barber M. D.
6-14-1911 (Address) Doniphan Mo.

BIRTHPLACE OF MOTHER Texas Co. Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) J. D. Johnson

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

(ADDRESS) Flat Woods, Mo.

Where was disease contracted if not at place of death?

Filed July 20, 1911 J. M. R. Hume

Former or usual residence.

REGISTRAR

PLACE OF BURIAL OR REMOVAL Spring Hill Cemetery DATE OF BURIAL 6/14 1911

UNDERTAKER J. D. Wright ADDRESS Doniphan Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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