PLACE OF DEATH

County: Vernon

Township: Washington

or Village:

or City: (NO. St. Ward)

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

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

Registration District No. 875 File No. 27144

Primary Registration District No. 6162 Registered No. 166

FULL NAME Cora C. Mills

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH: X (Month) X (Day), 1879 (Year)

AGE: 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS
NAME OF FATHER: J. F. Neal
BIRTHPLACE OF FATHER (City or town, State or foreign country): unknown
MAIDEN NAME OF MOTHER: unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maude A. Yates

(ADDRESS) Nevada, Mo.

Filed 7-7, 1911 G. E. Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 4 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Mch. 96, 1910, to July 4, 1911, that I last saw her alive on July 4, 1911, and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23A

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) R. O. Brian Jr. M. D.
July 4, 1911 (Address) Nevada 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 2 yrs. 11 mos. 19 ds. In the State unknown yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence Halfway Mo.

PLACE OF BURIAL OR REMOVAL: State Hospital No. 2 DATE OF BURIAL: 7-7, 1911

UNDERTAKER: Oscar E. Bingh ADDRESS: Nevada Mo.

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 c. es, 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), *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 *septichaemia,*" "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.

PLACE OF DEATH

nty Vernon

nship Washington

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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. 875 File No.

Primary Registration District No. 6162 Registered No. 166

(NO. St.: Ward).

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

FULL NAME Cora C. Mills

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
mal	White	Widowed

E OF BIRTH

Unknown (Month) (Day) 1879 (Year)

32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

PATION
ade, profession, or
ular kind of work Housekeeper

neral nature of industry,
ss, or establishment in
employed (or employer)

PLACE
town,
foreign country) Mo.

NAME OF
FATHER T. F. Neal

IRTHPLACE
F FATHER
City or town, State or foreign country) Unknown

AIDEN NAME
F MOTHER "

IRTHPLACE
F MOTHER
City or town, State or foreign country) "

OVE IS TRUE TO THE BEST OF MY KNOWLEDGE

ant) Maude A. Yates

(ADDRESS) Nevada Mo.

Sept. 18 1911 G. C. Mills REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 (Month) (Day) 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from March 16, 1910, to July 4, 1911, that I last saw her alive on " " , 1911, and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R. P. Price Jr. M. D.

July 4, 1911 (Address) Nevada

*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 2 yrs 11 mos 19 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence Half Way Mo.

PLACE OF BURIAL OR REMOVAL State Hospital

DATE OF BURIAL 7-7 1911

UNDERTAKER Oscar E. King

ADDRESS Nevada Mo.

l file, date 7/7 1911

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

# of Death

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

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