

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.

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

PLACE OF DEATH

County Buchanan

Township _____

or

Village _____

or

City St. Joseph

Registration District No. 85

File No. 27441

Primary Registration District No. 1001

Registered No. 645

(NO. Ensworth Hospital St. _____ Ward)

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

FULL NAME Vesta Ruth Smith

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct 3, 1892
(Month) (Day) (Year)

AGE 18 yrs. 10 mos. 5 ds.
If LESS than 1 day, _____ hrs. or _____ min.?

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

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

NAME OF FATHER Leroy C. Smith

BIRTHPLACE OF FATHER (City or town, State or foreign country) W. Virginia

MAIDEN NAME OF MOTHER Carolina M. Mann

BIRTHPLACE OF MOTHER (City or town, State or foreign country) W. Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. D. Miller

(ADDRESS) 8 Danberry mo.

Filed Aug 8, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 24, 1911, to Aug 8, 1911, that I last saw her alive on Aug 8, 1911 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction (mechanical) following operation July 25 for acute gangrenous appendicitis (Duration) _____ yrs. _____ mos. _____ ds. Contributory Appendicitis (Duration) _____ yrs. _____ mos. _____ ds. (SECONDARY)

(Signed) J. T. Tolson M. D. (Address) 2000 14th St

*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. 2 wks. In the Unit State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence Conception Junction

PLACE OF BURIAL OR REMOVAL Conception Junction DATE OF BURIAL _____ 1911

UNDERTAKER R. Meierhoff ADDRESS 824 Felix

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.)



PLACE OF DEATH

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

County Buchanan

Township _____ or Village _____ of _____ City _____

Registration District No. 85

File No. _____

Primary Registration District No. 1001

Registered No. 645

City St. Joseph (NO. Ensworth Hospital Ward)

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

FULL NAME Vesta Ruth Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug 8, 1911
(Month) (Day) (Year)

DATE OF BIRTH Oct 3, 1892
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 24, 1911, to Aug 8, 1911, when I last saw her alive on Aug 8, 1911, and that death occurred, on the date stated above, at 5:30 P.M.

AGE 18 yrs. 10 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Housewife at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Intestinal obstruction (mechanical) following operation July 26 - for acute gangrenous appendicitis

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

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

NAME OF FATHER Leroy Smith

(Signed) W. J. Schmidt M. D.
Aug 5, 1911 (Address) St. Joseph Mo.

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

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

MAIDEN NAME OF MOTHER Agnes M. Mann

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) W. Virginia

At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) M. D. Miller

Former or usual residence Conception Junction

(ADDRESS) Strawberry Mo.

PLACE OF BURIAL OR REMOVAL Conception Junction DATE OF BURIAL Aug 9, 1911

Filed Oct 4, 1911 W.B. Keeling REGISTRAR

UNDERTAKER H. Meierhoffer ADDRESS 824 Felix

Revised United States Standard Certificate of Death

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

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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.)

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