

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 Cedar
Township _____
or
Village _____
or
City Eldorado Spgs (NO. _____ St. _____ Ward _____)

Registration District No. 163 File No. 27674
Primary Registration District No. 4095 Registered No. 38

FULL NAME Dr. Eduard Pilman

(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 MARRIED WIDOWED OR DIVORCED married
(Use the word)

DATE OF DEATH Aug 16 1911
(Month) (Day) (Year)

DATE OF BIRTH Aug 17 1877
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July, 1911, to Aug 16, 1911,
that I last saw her alive on Aug 16, 1911,

AGE 36
yrs. mos. ds. IF LESS than 1 day, ____ hrs. or ____ min.?

and that death occurred, on the date stated above, at 2:20 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work 9-0
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:
Sy. Stroyd Fever

BIRTHPLACE (City or town, State or foreign country)

NAME OF FATHER A. J. Allen

(Duration) ____ yrs. ____ mos. ____ ds.

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

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

MAIDEN NAME OF MOTHER E. P. Cannon

(Signed) Dr. J. M. Bolinger M. D.
Aug 17 - 1911 (Address) Eldorado Spgs, Mo

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Middleburg, Tenn

*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 (Informant) Elias Pitman

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 (not at place of death?) at place of death

(ADDRESS) Eldorado Spgs, Mo

Former or usual residence _____

Filed Aug 17 1911 J. Dawson REGISTRAR

PLACE OF BURIAL OR REMOVAL Eldorado Spgs DATE OF BURIAL Aug 17 1911

UNDERTAKER W. S. Stephens ADDRESS Eldorado Spgs

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 "Asthemia," "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 Cedar

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

County _____ Township _____ or _____ Village _____ or _____ City _____ Registration District No. 163 File No. _____ Primary Registration District No. 4095- Registered No. 38- FULL NAME Mrs. Anna M. Pitman

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

PERSONAL AND STATISTICAL PARTICULARS

SEX 17 COLOR OR RACE W SINGLE MARRIED M WIDOWED OR DIVORCED (Write the word) DATE OF BIRTH Aug 18 1911 (Month) (Day) (Year) AGE 36 yrs mos ds. if LESS than 1 day, hrs or min. OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo. NAME OF FATHER J. P. Pitman BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis, Mo. MAIDEN NAME OF MOTHER J. C. Harmon BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Louis, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Anna M. Pitman (ADDRESS) 1634 Broadway, Mo. Filed 8/17 1911 J. C. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-16-1911 (Month) (Day) (Year) I HEREBY CERTIFY, that I attended deceased from 8-16-1911, to 8-16-1911, that I last saw her alive on 8-16-1911, and that death occurred on the date stated above, at 8:20 a.m. The CAUSE OF DEATH* was as follows: Myocardial Infection

(Duration) yrs mos ds. Contributory (Secondary) (Duration) yrs mos ds. (Signed) J. M. Robinson M.D. 8-17-1911 (Address) 1634 Broadway, 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? at place of death If not at place of death Former or usual residence

PLACE OF BURIAL OR REMOVAL St. Louis, Mo. DATE OF BURIAL 8-17-1911 UNDERTAKER W. Stephens 1634 Broadway, Mo. ADDRESS

Revised United States Standard Certificate of Death

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

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