

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Jackson

Township _____

or Village _____

or City _____

City Carl Junction Mo. (No. _____) St. _____ Ward _____

Registration District No. 406

File No. 28516

Primary Registration District No. 4240

Registered No. 28

FULL NAME Mary Ella Elmora

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED single (If write the word)

DATE OF BIRTH June 3 1891
(Month) (Day) (Year)

AGE 10 yrs. 2 mos. 29 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Smithfield Mo

NAME OF FATHER W B Elmora

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

MAIDEN NAME OF MOTHER Silda Elmora

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Silda B. Bradshaw

(ADDRESS) Carl Junction Mo

Filed Aug 30 1911 J. S. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 28, 1911, to Aug 29, 1911, that I last saw her alive on Aug 29, 1911, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

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

(Signed) W B. Bradshaw M. D. (Address) Carl Junction
Aug 30 1911

*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 Carl Junction Mo DATE OF BURIAL Aug 31 1911

UNDERTAKER Galen Whitwood ADDRESS Carl Junction 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 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.)



County Jasper Registration District No. 406 File No. _____
 Township _____ or _____
 Village Carl Junction Primary Registration District No. 4240 Registered No. 28
 City _____ (No. _____ St. _____ Ward _____)

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

FULL NAME Mary Elie Emore

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>F</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>S.</u> (Write the word)	DATE OF DEATH <u>8 - 29</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>June 2</u> , 189 <u>1</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>8 - 29</u> , 191 <u>1</u> , to <u>8 - 29</u> , 191 <u>1</u> , that I last saw <u>her</u> alive on <u>8 - 29</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>10 A.M.</u>	
AGE <u>20</u> yrs. <u>2</u> mos. <u>29</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.	The CAUSE OF DEATH* was as follows: <u>Renitumitis</u> <u>did not know Cause.</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) ____ yrs. ____ mos. ____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Smithville, Mo.</u>			Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.	
PARENTS	NAME OF FATHER <u>W. O. Emore</u>		(Signed) <u>W. O. Emore</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>W. O.</u>		<u>8-30</u> , 191 <u>1</u> (Address <u>Carl Junction</u>)	
	MAIDEN NAME OF MOTHER <u>Lida Emore</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dud</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lida O. Bradshaw</u> (ADDRESS) <u>Carl Junction</u>			Where was disease contracted If not at place of death? _____ Former or usual residence _____	
Filed <u>Aug 30</u> , 191 <u>1</u> <u>W. L. Shaw</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Carl Junction Mo.</u> DATE OF BURIAL <u>8 - 31</u> , 191 <u>1</u>	
Original file, date <u>Aug</u> , 19 <u>11</u>			UNDERTAKER <u>Edwin Chubb</u> ADDRESS <u>Carl Junction</u>	

SUPPLEMENTARY
 DECEASED
 REGISTERED

Exact statement of OCCUPATION is very important.

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