

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 Mississippi  
Township Lyonsville  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 506 File No. 28919  
Primary Registration District No. 5762 Registered No. 48

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

**FULL NAME** Lorena Farmer

**PERSONAL AND STATISTICAL PARTICULARS**

**BEX** Female **COLOR OR RACE** Negro **SINGLE MARRIED WIDOWED OR DIVORCED** Single  
(Write the word)

**DATE OF BIRTH** April 30, 1911  
(Month) (Day) (Year)

**AGE** \_\_\_\_\_ yrs. 3 mos. 12 ds. **IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?**

**OCCUPATION**  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**BIRTHPLACE**  
(City or town, State or foreign country) Miss Mo Mo

**PARENTS**  
**NAME OF FATHER** Tom Farmer  
**BIRTHPLACE OF FATHER**  
(City or town, State or foreign country) Miss Mo Mo  
**MAIDEN NAME OF MOTHER** Isala Dixon  
**BIRTHPLACE OF MOTHER**  
(City or town, State or foreign country) Miss Mo Mo

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) Richard Dixon  
(ADDRESS) Charleston Mo

Filed 8-12-1911 H. A. Cecil  
**REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** Aug 11<sup>th</sup>, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Had no physician, 1911, that I last saw h alive on, 1911,

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The **CAUSE OF DEATH\*** was as follows:  
Congestion (Probably)  
2 1/2 days  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory** \_\_\_\_\_  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. A. Cecil M. D.  
8/12/1911 (Address) Bank Bldg of Hall  
Charleston 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 if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

**PLACE OF BURIAL OR REMOVAL** Oak Grove **DATE OF BURIAL** 8/12/1911  
**UNDERTAKER** Lair & Co **ADDRESS** Charleston

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*, *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 "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.)



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

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

PLACE OF DEATH  
County Mississippi  
Township Wyandott  
or  
Village  
or  
City

Registration District No. 566 File No. \_\_\_\_\_  
Primary Registration District No. 5762 Registered No. 48  
(NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

FULL NAME Lorna Farmer

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE M SINGLE  MARRIED  WIDOWED  OR DIVORCED   
(Write the word)  
DATE OF BIRTH 48 31 9/11  
(Month) (Day) (Year)  
AGE 2 12 ds.  
IF LESS than 1 day, hrs. or min.

OCCUPATION  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS  
NAME OF FATHER Tom Farmer  
BIRTHPLACE OF FATHER Miss. Col. Mo.  
MAIDEN NAME OF MOTHER John Dixon  
BIRTHPLACE OF MOTHER Miss. Col. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Richard Dixon  
(ADDRESS) Charleston Mo. Markt.

Filed 9-30 1911 H. L. Beech  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 11 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from no medical attention  
that I last saw h. alive on \_\_\_\_\_, 1911  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Cause unknown - sick one day. Parents not aware of serious illness

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Lawrence  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. L. Beech M. D.  
8-12 1911 (Address) Charleston 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 if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL East Grove DATE OF BURIAL 8-12 1911

UNDERTAKER Fair F & N. C. ADDRESS Charleston Mo.

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**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.)

6168  
A 8919

## PLACE OF DEATH

County Mississippi  
 Township Tyrwappety  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 566 File No. 28919  
 Primary Registration District No. 5762 Registered No. 48

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

## FULL NAME

Lorena Farmer

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Negro SINGLE MARRIED Single  
 WIDOWED OR DIVORCED  
 (Write the word)  
 DATE OF BIRTH April 30, 1911  
 (Month) (Day) (Year)  
 AGE 3 yrs. 3 mos. 12 ds. if LESS than  
 1 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.?

## OCCUPATION

(a) Trade, profession, or  
 particular kind of work woman

(b) General nature of industry,  
 business, or establishment in  
 which employed (or employer) \_\_\_\_\_

## BIRTHPLACE

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

PARENTS  
 NAME OF FATHER Tom Farmer  
 BIRTHPLACE OF FATHER Miss. Co. Mo.  
 (City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Paula Ellison  
 BIRTHPLACE OF MOTHER Miss. Co. Mo.  
 (City or town, State or foreign country)

## THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Ellison

(ADDRESS) Charleston, Mo.

Filed 8-12-1912 H. L. G. G. G.  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from  
Had to Physician, 1912,  
 that I last saw alive on, 1912,  
 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Cause Unknown  
die of sudden death  
one day  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

Contributory Ignorance  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. L. G. G. G. - M. D. M. D.  
8-12-1912 (Address) Charleston, Mo.

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 (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 Oak Grove DATE OF BURIAL 8-12-1912

UNDERTAKER Lain 7 & M Co. Charleston, Mo. ADDRESS \_\_\_\_\_

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

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