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: Caco

Township or Village: Campbranch

Registration District No.: 152 — File No.: 39900

Primary Registration District No.: 5216 — Registered No.: 23

or City: ~~East Lynne~~ (NO. ____ St.; ____ Ward)

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

FULL NAME: Mary Nilene Feeback

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH: March (Month) ____ (Day), 1909 (Year)

AGE: 2 yrs. 6 mos. ____ ds. — If LESS than 1 day, ____ hrs. or ____ min.?

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

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

PARENTS
NAME OF FATHER: Elmer Feeback
BIRTHPLACE OF FATHER (City or town, State or foreign country): Kentucky
MAIDEN NAME OF MOTHER: Smith
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Elmer Feeback

(ADDRESS): East Lynne

Filed 9-5-, 1911. W K Wright, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 4 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from 9-2-, 1911, to 9-4-, 1911, that I last saw her alive on 9-4-, 1911, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

1091 d

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

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

(Signed) W K Wright M. D.

9-4, 1911 (Address) East Lynne

*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: Pitts Chapel — DATE OF BURIAL: Sept 1911

UNDERTAKER: E W Hinote — ADDRESS: East Lynne

States Standard Certificate of Death

[Adopted by the Conventions of the Vital Statistics Registrars and American Public Health Association]

Statement of occupati cupation is very importa fulness of various pursuits tion applies to each and age. For many occupati the first line will be suffi *Physician, Compositor, A Civil engineer, Stationa* cases, especially in indus sary to know (*a*) the k nature of the business additional line is provid should be used only whi *Spinner,* (*b*) *Cotton mill* (*a*) *Foreman,* (*b*) *Auto* worked on may form Never return "Labor "Dealer," etc., without *Day laborer, Farm labo* Women at home, who a household only (not pai definite salary), may be *work,* or *At home,* and c as *At school* or *At hom* port specifically the occu domestic service for wa *maid,* etc. If the occupa up on account of the di cupation at beginning of ness, that fact may be *tired, 6 yrs.*). For per whatever, write *None.*

Statement of cause DISEASE CAUSING DEATH respect to time and cause accepted term for the s *brospinal fever* (the only cerebrospinal meningitis "Croup"); *Typhoid fe* pneumonia"); *Lobar* ("Pneumonia," unqualif *of lungs, meninges, per*

ion.—Precise statement of oc- ant, so that the relative health- its can be known. The ques- every person, irrespective of ions a single word or term on cient, e. g., *Farmer* or *Planter, rchitect, Locomotive engineer, y fireman,* etc. But in many trial employments, it is neces- nd of work and also (*b*) the or industry, and therefore an d for the latter statement; it n needed. As examples: (*a*) *(a) Salesman,* (*b*) *Grocery; nobile factory.* The material art of the second statement. r," "Foreman," "Manager," more precise specification, as *rer, Laborer—Coal mine,* etc. e engaged in the duties of the *Housekeepers* who receive a ntered as *Housewife, House-* ildren, not gainfully employed, Care should be taken to re- ations of persons engaged in es, as *Servant, Cook, House-* on has been changed or given ASE CAUSING DEATH, state oc- illness. If retired from busi- ndicated thus: *Farmer (re-* ons who have no occupation

of death.—Name, first, the the primary affection with re- ion), using always the same ne disease. Examples: *Cere-* definite synonym is "Epidemic); *Diphtheria* (avoid use of *er* (never report "Typhoid *heumonia; 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.