

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

70 21

County Douglas

Township Benton

or

Village _____

or

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 272

File No. 31077

Primary Registration District No. 6379

Registered No. _____

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

FULL NAME

Malisida Jeffries

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

married

DATE OF DEATH

Sept 1

1914

(Month) (Day) (Year)

DATE OF BIRTH

Oct 1st 1874

(Month) (Day) (Year)

AGE

36 yrs. 11 mos. 00 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

I HEREBY CERTIFY, that I attended deceased from Had no Physician, 1914, that I last saw h alive on, 1914, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Old age

5/16

(Duration) 2 yrs. ___ mos. ___ ds.

Contributory

(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) _____ M. D.

1914 (Address) _____

*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

Cora Cemetery

DATE OF BURIAL

Sept 2 1914

UNDERTAKER

Neighbors

ADDRESS

Cora m

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Green B Rounder

(ADDRESS) Ar-a

Filed Sept 1st 1914 M. H. Osborn REGISTRAR

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 RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
 County Douglas
 Township Benton
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 272 File No. _____
 Primary Registration District No. 5-379 Registered No. 21

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

FULL NAME Malinda Jeffries

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED OR DIVORCED married
(Write the word)
 DATE OF BIRTH Oct 1 1814
(Month) (Day) (Year)
 AGE 96 yrs. 11 mos. 11 ds.
 IF LESS than 1 day, hrs. or mins.
 OCCUPATION (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1911
(Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from advised no physician
 that I last saw h alive on _____, 1911
 and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Old age

BIRTHPLACE (City or town, State or foreign country) Ky.

PARENTS
 NAME OF FATHER Peter Rounder
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
 MAIDEN NAME OF MOTHER Greenhappuch Chapman
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

Contributory (SECONDARY) _____ (Duration) 2 yrs. _____ mos. _____ ds.

(Signed) M H Osborn M.D.
Sept 1st 1911 (Address) Ava Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Green B. Rounder
 (ADDRESS) Ava

Where was disease contracted If not at place of death?
 Former or usual residence Ava Mo

Filed Sept 1 1911 M H Osborn
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Ava Cemetery DATE OF BURIAL Sept 3 1911
 UNDERTAKER neighbors ADDRESS Ava Mo

Revised United States Standard Certificate of Death

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

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