

MARBLE PRINTED, 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 Madaway

Township \_\_\_\_\_

Village Elmo mo

City \_\_\_\_\_ (NO \_\_\_\_\_)

Registration District No. 621

File No. 33144

Primary Registration District No. 4372

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Melena Francis King

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Sept 24 1911  
(Month) (Day) (Year)

DATE OF BIRTH July 24 1898  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 19, 1911, to Sept 24, 1911, that I last saw her alive on Sept 23, 1911, and that death occurred, on the date stated above, at 3:00 p. m.

AGE 12 yrs. 2 mos. 00 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
General Peritonitis  
1911

OCCUPATION (a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Elmo mo

Contributory (Duration) \_\_\_ yrs. \_\_\_ mos. 5 ds.

NAME OF FATHER Thos J King

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

MAIDEN NAME OF MOTHER Martha C Alvis

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

(Signed) P. E. Ferguson M. D.  
Sept 24 1911 (Address) Elmo 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? \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos J King  
(ADDRESS) Elmo mo

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

Filed Sept 24 1911 P. E. Ferguson REGISTRAR

PLACE OF BURIAL OR REMOVAL Lamar Cemetery DATE OF BURIAL Sept 26 1911  
UNDERTAKER Wiley ADDRESS Elmo 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.)



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 Wodaway

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Elm

Registration District No. 671 File No. \_\_\_\_\_  
Primary Registration District No. 4372 Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Helena Frances King

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED single WIDOWED OR DIVORCED  
(If write the word)

DATE OF BIRTH 7-24, 1899  
(Month) (Day) (Year)

AGE 17 yrs. 2 mos. 2 ds. IF LESS than 1 day, hrs. or mps.

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

BIRTHPLACE  
(City or town, State or foreign country) Elm

PARENTS  
NAME OF FATHER John King  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Elm  
MAIDEN NAME OF MOTHER Matha E. Alvis  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Elm

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John J. King  
(ADDRESS) Elm

Filed 9/24, 1911 REGISTRAR R. E. Ferguson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/24, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 19, 1911, to 9/24, 1911, that I last saw her alive on 9/23, 1911, and that death occurred, on the date stated above, at 3<sup>20</sup> a.m.

CAUSE OF DEATH\* was as follows:  
Gun. Peritonitis  
Traumatic from  
handling oil wash tank  
(Duration) yrs. mos. ds.

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

(Signed) R. E. Ferguson M. D.  
9/24, 1911 (Address) Elm

\*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 Lawson Elm DATE OF BURIAL 9/25, 1911

UNDERTAKER S. J. Wiley ADDRESS Elm

Original file, date 9/24, 1911 All information called for must be written on this Supplementary Certificate.

REPRODUCED FROM ORIGINAL RECORDS OF MISSOURI STATE BOARD OF HEALTH. Exact statement of OCCUPATION is very important.

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