

PLACE OF DEATH

County

Remiscot

Township

or

Village

or

City

Caruthersville (NO. _____)

Registration District No.

051

File No.

32198

Primary Registration District No.

H388

Registered No.

153

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

FULL NAME

Cecil Farine Sonon

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	COLOR OR RACE <i>white</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>Single</i>
DATE OF BIRTH <i>June 26, 1911</i> (Month) (Day) (Year)		
AGE <i>3 yrs. 3 mos. 3 ds.</i> If LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <i>child</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE

(City or town, State or foreign country)

Caruthersville, Mo

NAME OF FATHER

PARENTS

Gly Sonon

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Jennett

MAIDEN NAME OF MOTHER

Missouri Barnes

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Remiscot Co, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

*Gly Sonon**Caruthersville Mo*

Filed

9/29

191

B. D. Henson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

2
Sept 29, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Sept 27*, 1911, to *Sept 29*, 1911, that I last saw her alive on *Sept 29*, 1911, and that death occurred, on the date stated above, at *9:30* p.m.

The CAUSE OF DEATH* was as follows:

*Peritonitis**X 119B**10 129*

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

Contributory

(SECONDARY)

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

(Signed)

L. M. Chipp M. D.9-29, 1911 (Address) *Caruthersville, 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

State Prison

UNDERTAKER

at Sta Hoys

DATE OF BURIAL

9/29 1911

ADDRESS

ville

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.

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

PLACE OF DEATH

County Peru

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

Township or Village or City _____ Registration District No. 651 File No. _____

Primary Registration District No. 4388 Registered No. 153

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

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

FULL NAME Lucil Lorne Loran

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE Single MARRIED WIDOWED OR DIVORCED (If wife the word)

DATE OF BIRTH 6/26 1911 (Month) (Day) (Year)

AGE 3 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

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) Caruthersville

PARENTS

NAME OF FATHER Gly Loran

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

MAIDEN NAME OF MOTHER Mrs. Lorne Loran

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gly Loran

(ADDRESS) Caruthersville

Filed 12/4 1911 B. D. Loran REGISTRAR

Original file, date 9/29 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-29 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911, to 9/29, 1911, that I last saw her alive on _____, 1911, and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH* was as follows: Peritonitis

(Duration) _____ yrs. _____ mos. _____ ds. X

Contributory Enterocolitis (SECONDARY)

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

(Signed) Esse W. Phipps M. D. 9/29 1911 (Address) Caruthersville

*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 Peru DATE OF BURIAL 9/29 1911

UNDERTAKER W. H. LaFarge ADDRESS Caruthersville

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

Revised United States Standard Certificate of Death

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

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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.)

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