

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important.

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

PLACE OF DEATH
 County Dunklin REG. DISTRICT NO. 284 FILE NO. 34206
 Township Clayton or Primary Registration District No. 5408 Registered No. 57
 Village Claraton City (NO. 4168 St.: _____ Ward)

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

FULL NAME Jalina Block Penney

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
 WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH March 15, 1835
 (Month) (Day) (Year)

AGE 76 yrs. 1 mos. 3 ds. If LESS than 1 day, ___ hrs. or ___ min?

OCCUPATION (a) Trade, profession, or particular kind of work Merchant Retired 25 years
 (b) General nature of industry, business, or establishment in which employed (or employer) General merchant

BIRTHPLACE Cape Girardeau Mo.
 (City or town, State or foreign country)

PARENTS
 NAME OF FATHER Isaac Penney
 BIRTHPLACE OF FATHER Can't ascertain
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Miss Bledsoe
 BIRTHPLACE OF MOTHER Can't ascertain
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) P. B. Penney

(ADDRESS) Malden Mo.

Filed 10/16 1911, A. S. Thamm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1911, to April 19, 1911, that I last saw him alive on April 19, 1911, and that death occurred, on the date stated above, at 1:15 P.M.

The CAUSE OF DEATH* was as follows:
Senility

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

(Signed) Jas F Brooks M. D.
4/19 1911 (Address) Claraton 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 Haightville Mo DATE OF BURIAL 4-21 1911

UNDERTAKER H. L. Craig Malden Mo ADDRESS _____

Revised United States Standard Certificate of Death

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

Statement of occupation—Precise statement of occupation is very important 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, Fireman*, etc. But in many occupations, especially in industry, it is necessary to know (a) the kind of work and also (b) the nature of the business or the latter statement; it additional line is provided. As examples: (a) *Spinner, (b) Cotton mill; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Dealer," etc., without a 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 as *Housewife, House-keeper*), may be entered, not gainfully employed, as *At school or At home.* Children should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant, Cook, House-maid, etc.* If the occupation has been changed or given up on account of the disease. If retired from business at beginning of illness, that fact may be inserted thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death—Name, first, the primary affection with which the disease (the), using always the same term to time and causation. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Typhoid fever* (never report "Typhoid Croup"); *Typhoid pneumonia; Bronchopneumonia pneumonia* (never report "Typhoid pneumonia"); *Lobar pneumonia* (never report "Typhoid pneumonia"); *Tuberculosis* ("Pneumonia," unqualified); *Jaundice, etc., Carcinoma, Sarcoma of lungs, meningitis, peritonitis, etc.,*

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.)

