

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 Wheeler
Township Union
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 900 File No. 36831
Primary Registration District No. 6208 Registered No. 15
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Euphemia Clair

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE <u>Married</u> MARRIED WIDOWED OR DIVORCED (Write the word)	
DATE OF BIRTH <u>November 1</u> , 18 <u>50</u> (Month) (Day) (Year)			
AGE <u>60</u> yrs. <u>11</u> mos. <u>28</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?			
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Q. D.</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Adams Co Ill</u>			
PARENTS	NAME OF FATHER <u>John D. Lock</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>		
	MAIDEN NAME OF MOTHER <u>Theresa Smith Lock</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill</u>		

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>Oct 29</u> , 19 <u>11</u> (Month) (Day) (Year)		
I HEREBY CERTIFY, that I attended deceased from <u>June 15</u> , 19 <u>11</u> , to <u>Oct 29</u> , 19 <u>11</u> , that I last saw her alive on <u>Oct 29</u> , 19 <u>11</u> , and that death occurred, on the date stated above, at <u>2 P. m.</u>		
The CAUSE OF DEATH* was as follows: <u>Reflected tubercle</u> <u>131</u> <u>32A</u>		
(Duration) ___ yrs. ___ mos. ___ ds.		
Contributory <u>Impairment of Vision</u> (SECONDARY) <u>Valve</u> (Duration) ___ yrs. ___ mos. ___ ds.		
(Signed) <u>W. F. Schlicht</u> , M. D. <u>Nov 1</u> , 19 <u>11</u> (Address) <u>Monroe Mo</u>		
*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 _____		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(ADDRESS) Geary Clair
Filed Oct 10, 1911, J. A. Williams
REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Copiny Chappel</u>	DATE OF BURIAL <u>Oct 30</u> , 19 <u>11</u>
UNDERTAKER <u>Henry Thomas</u>	ADDRESS <u>Manayva</u>

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.)



PLACE OF DEATH
County Webster
Township Union
or
Village
or
City

Registration District No. 900 File No.
Primary Registration District 6208 Registered No. 13-
(NO. St. Ward)

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

FULL NAME Euphemia Clair

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED M.
(Write the word)

DATE OF BIRTH Nov 1, 1850
(Month) (Day) (Year)

AGE 60 yrs 11 mos 28 ds. If LESS than 1 day, hrs or min.

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

BIRTHPLACE Adams Co, Ill
(City or town, State or foreign country)

PARENTS
NAME OF FATHER John Black
BIRTHPLACE OF FATHER Ohio
MAIDEN NAME OF MOTHER Chronic Suthers
BIRTHPLACE OF MOTHER Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jerry Clair
(ADDRESS) Marion

File No. 1850 1911 J.A. Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 15, 1911, to Oct 29, 1911, that I last saw her alive on Oct 29, 1911, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Nephritis interstitial

Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) W. F. Schlicht M. D.
Nov 1, 1911 (Address) Marion

*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.
Where was disease contracted If not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Coppage Chapel DATE OF BURIAL Oct 30, 1911
UNDERTAKER Jerry Thomas ADDRESS Marion

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 most 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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