

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 Iron
Township Academe
or
Village Leanton
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 391 File No. 2777?
Primary Registration District No. 4230 Registered No. 40

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

FULL NAME Francis Ella Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept 3, 1884
(Month) (Day) (Year)

AGE 27 yrs. 2 mos. 10 ds. IF LESS than 1 day, ___ hrs. or ___ min?

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

BIRTHPLACE (City or town, State or foreign country) Iron Mo

PARENTS NAME OF FATHER John C. Stricklin BIRTHPLACE OF FATHER _____ MAIDEN NAME OF MOTHER Matilda J. Sherell BIRTHPLACE OF MOTHER Des Moines Ia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. Sutton (ADDRESS) Leanton Mo

Filed Nov 13, 1911 by R. W. Gay REGISTRAR Sept

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13, 1911
(Month), (Day), (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 11, 1911, to Nov 11, 1911, that I last saw her alive on Nov 11, 1911, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH* was as follows:

Cancer
53E 45
(Duration) 4 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds. (Signed) Rev Farrar M. D. Nov 13, 1911 (Address) Leanton 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 R. of P. Cemetery DATE OF BURIAL Nov. 14th, 1911 UNDERTAKER A. RIEKE & SON. ADDRESS IRONTON, 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*, *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*, *peritonacum*, 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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

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.

County Iron Registration District No. 391 File No. _____
 Township _____ or Trouton Primary Registration District No. 4230 Registered No. 40
 Village _____ or _____ City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Francis Ella Johnson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED married
 WIDOWED OR DIVORCED (Write the word)
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 (Month) (Day) (Year)
 AGE 27 yrs. 2 mos. 10 ds. IF LESS than 1 day, hrs. or min.
 OCCUPATION (a) Trade, profession, or particular kind of work housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

DATE OF DEATH Nov 13, 1911
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Nov 11, 1911, to Nov 11, 1911,
 that I last saw her alive on Nov 11, 1911,
 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Cancer of Hip
 (Duration) 4 yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Iron
 NAME OF FATHER John Stricklin
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known
 MAIDEN NAME OF MOTHER Matilda J Sherell
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Reynolds Co.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Geo. Farrar M. D.
Nov 13 1911 (Address) Trouton 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. Patton
 (ADDRESS) Trouton

PLACE OF BURIAL OR REMOVAL R O P Cemetery DATE OF BURIAL Nov 14, 1911
 UNDERTAKER A. Rieke & Son ADDRESS Trouton Mo

Filed Nov-13 1911 by A. H. Gay REGISTRAR
by Hattie Walker

Revised United States Standard Certificate of Death

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

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