

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

PLACE OF DEATH

County Maumour
Township Liberty
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 8-48 File No. 38513
Primary Registration District No. 0740 Registered No. 46

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

FULL NAME No Name

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE MARRIED Single WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Nov 13 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 7 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Widow
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Maumour County

NAME OF FATHER Rayford Wright

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

MAIDEN NAME OF MOTHER Emma Mundy

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rayford Wright
(ADDRESS) Palmyra

Filed Nov. 20 1911 L. Sanford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 18 1911, to Nov 19 1911, that I last saw him alive on Nov 18 1911, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Pneumonia

117A 91
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) C. P. ... M. D.
Nov 20 1911 (Address) Palmyra 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 At not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Palmyra DATE OF BURIAL Nov 20 1911

UNDERTAKER Deer 7th St. Palmyra ADDRESS _____

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.

WHILE PLAINLY, WITH UNFADING INK—THIS

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.)



County Marion
Municipality Liberty
City Liberty (NO. _____) St. _____ Ward _____

Registration District No. 548 File No. _____
Primary Registration District No. 5740 Registered No. 66

FULL NAME None

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE B SINGLE MARRIED WIDOWED OR DIVORCED
DATE OF BIRTH Dec. 12, 1911
(Month) (Day) (Year)
Age 7 yrs. 7 mos. 7 ds. IF LESS than 1 day, ___ hrs. or ___ min. 2

DATE OF DEATH 11/19, 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from _____, 1911, to 11-19, 1911, that I last saw him alive on 11-18, 1911, and that death occurred, on the date stated above, at 1¹⁰ m.
The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Broncho-Pneumonia
(Duration) _____ yrs. _____ mos. 1 ds.

BIRTHPLACE (City or town, State or foreign country) Marion, Colorado

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. P. Glavin M. D.
Nov. 20 1911 (Address) Palmira

PARENTS NAME OF FATHER Rayford Dwight
BIRTHPLACE OF FATHER _____
MAIDEN NAME OF MOTHER Emma Maudsley
BIRTHPLACE OF MOTHER _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rayford Dwight
(ADDRESS) Palmira

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 _____

Filed Nov. 20 1911 S. Sanford REGISTRAR

PLACE OF BURIAL OR REMOVAL Palmira DATE OF BURIAL 11/22 1911
UNDERTAKER Quest & Son ADDRESS Palmira

Original file, date NOV 20 1911 19____ All information called for must be written on this Supplementary Certificate.

A PERMANENT RECORD

Revised United States Standard Certificate of Death

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

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