

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state

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

PLACE OF DEATH
County Pulaski
Township Tavern
or
Village Crocker
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 716 File No. 38888
Primary Registration District No. 5945 Registered No. _____

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

FULL NAME Louise Ruth - Teagle

PERSONAL AND STATISTICAL PARTICULARS

9 MEDICAL CERTIFICATE OF DEATH

SEX girl COLOR OR RACE white SINGLE single
~~MARRIED~~
~~WIDOWED~~
~~OR DIVORCED~~
(Write the word)
DATE OF BIRTH July 12th 1911
(Month) (Day) (Year)
AGE 3 yrs. 2 mos. 2 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Oct 14th 1911
(Month) (Day) (Year)

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

I HEREBY CERTIFY, that I attended deceased from Oct 12, 1911, to Oct 14, 1911, that I last saw him alive on _____, 1911, and that death occurred, on the date stated above, at 10³⁰ a.m.
The CAUSE OF DEATH* was as follows:

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

Inanition
158 151

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

PARENTS
NAME OF FATHER John Elmer Teagle
BIRTHPLACE OF FATHER _____
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Ara Scott
BIRTHPLACE OF MOTHER Missouri
(City or town, State or foreign country)

Contributory
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
Signed J. E. Royle M. D.
Oct 14 1911 (Address) Crocker Mo

*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) J. E. Teagle
(Address) _____

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 9 1911 A. J. Stebbins
REGISTRAR

PLACE OF BURIAL OR REMOVAL Crocker Mo DATE OF BURIAL Oct 15 1911
UNDERTAKER Release ADDRESS Crocker 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*, *peritonaeum*, 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.)



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

PLACE OF DEATH

County Glasgow
Township Lawson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 716 File No. _____

Primary Registration District No. 5945 Registered No. _____

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

FULL NAME Laurice Ruth Teple

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE W MARRIED W WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH 7/12, 1911 (Month) (Day) (Year)
AGE 3 yrs. 2 mos. 2 ds. IF LESS than 1 day, hrs or min.

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

BIRTHPLACE (City or town, State or foreign country) Mo. U.S.

PARENTS

NAME OF FATHER John E. Teple
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER Ada Scott
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Teple
(ADDRESS) _____

Filed Jan 6 1911 A. S. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10/14, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911, to 10/14, 1911, that I last saw h. alive on 10/14, 1911, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* was as follows:
This child was a twin and froze its birth it never grew or gained in weight no food no gain it speed with it and it died on the above date (Duration) _____ yrs. _____ mos. _____ ds.

Contributory you mean some of those if its not mentioned (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. E. Ray M. D. 10/14, 1911 (Address) Cherokee

*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 Cherokee DATE OF BURIAL 10/15, 1911

UNDERTAKER S. H. Leave ADDRESS Cherokee

Original file, date NOV 1911

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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