

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

PLACE OF DEATH

County Barnes
Township Flat Creek
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 29 File No. 4315
Primary Registration District No. 40 5038 Registered No. 2911

FULL NAME Susan Ricketts

(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 F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH _____, 1875
(Month) (Day) (Year)
AGE 46 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

DATE OF DEATH Dec 26th
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended: deceased from Dec 10, 1911, to Dec 25, 1911, that I last saw her alive on Dec 25, 1911, and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Pneumonia

BIRTHPLACE (City or town, State or foreign country) West Kan. Mo.
PARENTS
NAME OF FATHER Mark Ricketts
BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina
MAIDEN NAME OF MOTHER Harriet Newton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. L. Rawhouser M. D.
Dec 26 1911 (Address) Cassville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Kemp
(ADDRESS) Washburn 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 _____

Filed Dec 26 1911 J. L. Rawhouser
By Thomas REGISTRAR

PLACE OF BURIAL OR REMOVAL Purdy Mo DATE OF BURIAL 12/27 1911
UNDERTAKER P. G. Horner ADDRESS Cassville, Mo

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.

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.)



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

PLAGE OF DEATH
County Barry
Township Flat Creek
or
Village
or
City

Registration District No. 29
Primary Registration District No. 5038

File No. 40416
Registered No. 42

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

FULL NAME Susan Riccitta

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH 17/26, 1911
(Month) (Day) (Year)

DATE OF BIRTH 1875
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/10, 1911, to 17/25, 1911, that I last saw him alive on " ", 1911, and that death occurred, on the date stated above, at " " m.

AGE 46 yrs. 0 mos. 0 ds.
If LESS than 1 day, 0 hrs. or 0 min.

The CAUSE OF DEATH* was as follows:

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

Lobar Pneumonia

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

(Duration) 0 yrs. 0 mos. 0 ds.

NAME OF FATHER Maric Riccitta

Contributory (SECONDARY) 0 yrs. 0 mos. 0 ds.

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

(Signed) J. L. Rawhouser M. D.
12/26, 1911 (Address) Barryville

MAIDEN NAME OF MOTHER Margaret Horton

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Barry, Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

(Informant) E. Kemp

Where was disease contracted If not at place of death?

(ADDRESS) Washburn

Former or usual residence

Filed 12/26, 1911 J. L. Rawhouser REGISTRAR

PLACE OF BURIAL OR REMOVAL Barry, Mo. DATE OF BURIAL 12/27, 1911

Original file, date DEC 1911

UNDERTAKER P. E. Horine ADDRESS Barryville

Revised United States Standard Certificate of Death

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

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