

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

PLACE OF DEATH
Franklin
County
Township Boon
or
Village
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 298 File No. 1 41078
Primary Registration District No. 54157 Registered No. 40

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

FULL NAME Mettie Susan Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH June 9, 1898
(Month) (Day) (Year)

AGE 13 yrs. 5 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Ills.

PARENTS
NAME OF FATHER George E. Brown
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ills.
MAIDEN NAME OF MOTHER Maggie P. Greer
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ills.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George E. Brown
(ADDRESS) Sullivan Mo

Filed Dec 5th 1911 O. A. Schurds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 30, 1911, to Nov 12, 1911, that I last saw her alive on Nov 12, 1911, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
10 Paralysis
87 B
13 (Duration) yrs. 1 mos. 13 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) D. P. Webster M. D.
Nov 13, 1911 (Address) Spring Bluff, 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 Came Spring DATE OF BURIAL Nov 13, 1911

UNDERTAKER J. J. Williams ADDRESS Sullivan 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*, *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.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH Franklin Boone
County
Township
or
Village
or
City

Registration District No. 295
File No. 41078
Primary Registration District No. 5415A
Registered No. 40
No. _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Nettie Susan Brown

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 6/9 1898 (Month) (Day) (Year)

AGE 13 yrs 0 mos 3 ds. IF LESS than 1 day, hrs or min.

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

BIRTHPLACE Ill. (City or town, State or foreign country)

PARENTS NAME OF FATHER Geo. E. Brown BIRTHPLACE OF FATHER Ill. MAIDEN NAME OF MOTHER Maggie J. Green BIRTHPLACE OF MOTHER Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo. E. Brown (ADDRESS) Sullivan

Filed Dec 5th 1911 O.N. Shudder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-17 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11/30, 1911, to 11-17, 1911, that I last saw her alive on 11-12, 1911, and that death occurred, on the date stated above, at 5¹⁰ p.m.

The CAUSE OF DEATH* was as follows: Paralysis agitans & 63 (Duration) yrs. 7 mos. 13 ds.

Contributory (SECONDARY) Diphtheria. (Duration) yrs. 36 ds. (Signed) D. Plateau M.D. 1912 (Address) Spring Bluff

*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 Cave Spring DATE OF BURIAL 11-13 1911 UNDERTAKER J. Williams ADDRESS Sullivan

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.)