

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 Greene  
Township Boyer  
Village \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 311 File No. 41113  
Primary Registration District No. 5430 Registered No. 16

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

FULL NAME Dora A. Bloodgood

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

DATE OF BIRTH May 23, 1865  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 15, 1911, to Dec 13, 1911, that I last saw her alive on Nov 12, 1911, and that death occurred, on the date stated above, at 1:30 A.M.

AGE 46 yrs. 6 mos. 20 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows: 12111  
Tritonitis Cause by 12111  
Protracted appendicitis  
108  
(Duration) 0 yrs. 0 mos. 28 ds.

OCCUPATION (a) Trade, profession, or particular kind of work House wife  
(b) General nature of Industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS NAME OF FATHER Geo. R. Blood

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

MAIDEN NAME OF MOTHER Bess

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edgar W. Campbell  
(ADDRESS) Greene Co Mo.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. W. Williamson M. D. Dec 13, 1911 (Address) Greene Co 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 St. Mary's DATE OF BURIAL Dec 16, 1911

UNDERTAKER J. R. Shockey Albany, Mo. ADDRESS \_\_\_\_\_

Filed Dec 13, 1911 L. W. Williamson REGISTRAR

# 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*, *Compositor*, *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.)

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 Gentry  
 Township Bozeler  
 or  
 Village  
 or  
 City (NO. \_\_\_\_\_)

 Registration District No. 311 File No. 41113  
 Primary Registration District No. 5430 Registered No. 16  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Dora A. Blodgett

## PERSONAL AND STATISTICAL PARTICULARS

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

 DATE OF BIRTH May 23, 1865  
 (Month) (Day) (Year)

 AGE 46 yrs. 6 mos. 20 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. ?

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

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

 NAME OF FATHER Geo. P. Push  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
 MAIDEN NAME OF MOTHER T. Best  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Gentry Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Edgar Mc Campbell  
 (ADDRESS) Gentry Mo.

 Filed Dec 13 1911 C. M. Williamson  
 REGISTRAR
Original file, date Dec 13 1911

## MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH Dec. 13, 1911  
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from Nov. 15, 1911, to Dec. 13, 1911, that I last saw her alive on Dec. 12, 1911, and that death occurred, on the date stated above, at 1:30 p.m.

 The CAUSE OF DEATH\* was as follows:  
Peritonitis caused by perforated appendix

 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 28 ds.

 Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

 (Signed) C. M. Williamson, M. D.  
Dec. 13 1911 (Address) Gentry 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 Gentry Mo. DATE OF BURIAL Dec. 16 1911

 UNDERTAKER T. R. Shockley ADDRESS Albany Mo.

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  
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