

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

PLACE OF DEATH

County Howell

Township Willow Springs

Village _____

City _____ (NO. _____)

Registration District No. 385

File No. 41294

Primary Registration District No. 5536

Registered No. 62

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

FULL NAME Helen Thelma Hepsher

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec 16, 1911
(Month) (Day) (Year)

DATE OF BIRTH Aug 31, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Called 7:15 AM, 1911, to arrive on Sat, 1911, that I last saw her alive on 16 at 9 PM, 1911, and that death occurred, on the date stated above, at 8 P M. The CAUSE OF DEATH* was as follows:

AGE 3 yrs. 17 mos. 17 ds. If LESS than 1 day, _____ hrs. or _____ min.?

Pneumonia

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

10717

BIRTHPLACE (City or town, State or foreign country) Willow Springs MO

NAME OF FATHER Chas Hepsher

Contributory Cold

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

MAIDEN NAME OF MOTHER Martha Harris

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

(Signed) H. E. Hayercraft M. D.
Dec 17, 1911 (Address) Willow Springs 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) W. J. Germany

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

(ADDRESS) Willow Springs MO

At place of death _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds.

Filed Dec 17, 1911 H. Perne REGISTRAR

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Bapt Cemetery DATE OF BURIAL 12-17, 1911

UNDERTAKER E. M. Rollins ADDRESS _____

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*, *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. Example: *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.)



MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT OF OCCUPATION is very important.

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.

PLACE OF DEATH
County Howell
Township Willow Spgs
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 385 File No. 41294
Primary Registration District No. 5536 Registered No. 62

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

FULL NAME Keeler Thelma Hepsher

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 8/31, 1911
(Month) (Day) (Year)

AGE 3 yrs. 17 mos. 17 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) _____

BIRTHPLACE
(City or town, State or foreign country) _____

PARENTS
NAME OF FATHER Lehus Hepsher
BIRTHPLACE OF FATHER Leun.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Martha Jan
BIRTHPLACE OF MOTHER Leun.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) V. J. Kernan
(ADDRESS) Willow Spgs

Filed 12/17 1912 J. H. Payne REGISTRAR

Original file, date DEC 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/16, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/16, 1911, to 12/16, 1911, that I last saw her alive on 12/16, 1911, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia
Bronchial
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory leads
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. E. Hayden M. D.
28 1912 (Address) Willow Spgs

*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 East Leun DATE OF BURIAL 12/17 1911

UNDERTAKER E. M. Rollins ADDRESS Willow Spgs

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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