

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.

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

PLACE OF DEATH
County Macon
Township _____
or
Village _____
or
City Macon (NO. _____ St. _____ Ward _____)

Registration District No. 533 File No. 41975
Primary Registration District No. 3027 Registered No. 102

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

FULL NAME Minnie Gertrude McSparrin

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Nov</u> <u>10</u> , 19 <u>04</u> (Month) (Day) (Year)		
AGE <u>7</u> yrs. <u>0</u> mos. <u>8</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Chariton Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>Joseph McSparrin</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Chariton Co. Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Rebecca Hill</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cassell Co. Mo.</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>12</u> <u>4</u> , 19 <u>11</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>Nov. 24</u> , 19 <u>11</u> , to <u>12-4</u> , 19 <u>11</u> , that I last saw her alive on <u>Dec. 3</u> , 19 <u>11</u> , and that death occurred, on the date stated above, at <u>6 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>107 A</u> <u>102 B</u>
LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Contributory <u>None</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) <u>M. W. Miller</u> M. D. <u>12-4</u> , 19 <u>11</u> (Address) <u>Macon Mo.</u>
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Where was disease contracted if not at place of death? Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Rebecca Decker
(ADDRESS) Macon Mo.
Filed Dec 28, 1911 E. J. Smith REGISTRAR

PLACE OF BURIAL OR REMOVAL
Macon Mo.
DATE OF BURIAL
Nov 5, 1911
UNDERTAKER
C. G. Hawes
ADDRESS
Macon 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*, *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.)



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

X

PLACE OF DEATH

County Macon

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

Township _____

Registration District No. 5-33

File No. _____

Village _____

Primary Registration District No. 3027

Registered No. 102

City Macon (NO. _____)

St. _____ Ward _____

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

FULL NAME

Minnie Gertrude Mc Spain

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Nov 26, 1901
(Month) (Day) (Year)

AGE 7 yrs 0 mos 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS

NAME OF FATHER Joseph Mc Spain

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

MAIDEN NAME OF MOTHER Rebecca Hill

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Decker

(ADDRESS) Macon Mo

Filed Dec 1911 REGISTRAR E. J. Smith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 24, 1911, to Dec 4, 1911, that I last saw her alive on Dec 3, 1911, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia
(Duration) ___ yrs ___ mos 10 ds.

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

(Signed) W. J. Miller M. D.
12-4-1911 Address Macon 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 Macon Mo DATE OF BURIAL Nov 5, 1911

UNDERTAKER C. G. Howe ADDRESS Macon Mo

Original file, date DEC 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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