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

PLACE OF DEATH

County Newmadrid

Township ~~Portage~~

or

Village

or

City ~~Portageville~~ Portageville (NO. ____ St.: ____ Ward)

Registration District No. 607 File No. 20 4215

Primary Registration District No. 4361 Registered No. 20

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

FULL NAME Hettie Barham

PERSONAL AND STATISTICAL PARTICULARS

SEX Female ~~white~~ | COLOR OR RACE white | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Yes

DATE OF BIRTH Sept (Month) (Day) 1872 (Year)

AGE 37 ~~37~~ yrs. 3 mos. ____ ds. | If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Paris Tenn

PARENTS
NAME OF FATHER Jno Gregston
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn
MAIDEN NAME OF MOTHER Mary Gregston
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tim Barham

(ADDRESS) Portageville Mo

Filed Dec 24th 1911 J M N Thompson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 20 (Day) 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov, 1908, to Dec 20, 1911, that I last saw her alive on Dec 20, 1911, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Gall stone Colic
38
126

(Duration) 3 4 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) Malerial Ed Gallstone Colic (Duration) 4 yrs. ____ mos. ____ ds.

(Signed) H A Killion M. D.

Dec 24th 1911 (Address) Portageville

*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 6 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 Portageville Cemetery | DATE OF BURIAL Dec 21 1911

UNDERTAKER R D Young | ADDRESS Portageville

Revised United States Standard Certificate of Death

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

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

PLACE OF DEATH

County.....

Township ..... or Village..... or City .....(NO..... .....St.:.....Ward)

MISSOURI STATE BOARD O
BUREAU OF VITAL STATI
CERTIFICATE OF DEATH

Registration District No..... File No.....

Primary Registration District No..... Registered No.....

[I hos give of s

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

....., 1.....
(Month) (Day) (Year)

AGE

.....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) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191...., ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....
(Month)

I HEREBY CERTIFY, that I attended

....., 191...., to.....

that I last saw h.....alive on.....

and that death occurred, on the date stated abov

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs.....

Contributory.....
(SECONDARY)

.....(Duration).....yrs.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from V. (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homi

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS RECENT RESIDENTS)

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

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL | DATE OF

UNDERTA RESS

Revised United States of Dea

PLACE OF DEATH

County New Madrid

Township

or

Village

or

City Portageville (NO. St.: Ward)

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

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

Registration District No. 607 File No.

Primary Registration District No. 4361 Registered No. 20

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

FULL NAME Hettie T. Borham

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): yes

DATE OF BIRTH: Sept. (Month) (Day), 1872 (Year)

AGE: 37 yrs. 3 mos. 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): Paris Tenn.

PARENTS

NAME OF FATHER: Jno. Gregston

BIRTHPLACE OF FATHER (City or town, State or foreign country): Tenn.

MAIDEN NAME OF MOTHER: Mary Kemp

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tim Barham

(ADDRESS) Portageville, Mo.

Filed Dec 26 1911

Dep. J M N Thompson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20 (Month) (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 1908, to Dec. 20, 1911, that I last saw her alive on Dec. 20, 1911, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Gall stone Colic

(Duration) 3 or 4 yrs. mos. ds.

Contributory (SECONDARY) Malerial and Gallstone colic

(Duration) 4 yrs. mos. ds.

(Signed) H. A. Killion M. D.

Dec. 24 1911 (Address) Portageville, 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: Portageville Cem.

DATE OF BURIAL: Dec. 21 1911

UNDERTAKER: R. D. Young

ADDRESS: Portageville, Mo.

Original file, date 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]

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, peritonaeum,* etc., *Carcinoma, Sarcoma,* 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 *septichaemia,*" "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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