

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 Pike  
Township Calumet-  
or  
Village -  
or  
City - (NO. \_\_\_\_\_)

Registration District No. 681 File No. 42318  
Primary Registration District No. ~~14405~~ Registered No. 1  
59098 Ward \_\_\_\_\_

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

FULL NAME Bulah Florence Reed

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb - 19, 1905  
(Month) (Day) (Year)

AGE 6 yrs. 10 mos. 13 ds. IF LESS than  
1 day, > hrs.  
or - min.?

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

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

NAME OF FATHER J-W- Reed

BIRTHPLACE OF FATHER  
(City or town, State or foreign country) Calhoun Co. Ill.

MAIDEN NAME OF MOTHER Pearl Stickerman

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Pike Co. Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J-W- Reed  
(ADDRESS) Annada Mo.

Filed Dec 12 1911 J.A. Howdeshell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December - 6, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 5, 1911, to Dec - 6, 1911, that I last saw her alive on Dec - 6, 1911, and that death occurred, on the date stated above, at 3:30 Pm.

The CAUSE OF DEATH\* was as follows:  
meningitis (cerebral)

79A (Duration) 10 yrs. 2 mos. 2 ds.

Contributory none  
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) E M Barber M. D.  
Dec - 7 - 1911 (Address) Clarksville 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 Oak Ridge Cemetery DATE OF BURIAL Dec - 8, 1911

UNDERTAKER E. S. Morris ADDRESS Clarksville Mo.

# Revised United States Standard Certificate of Death

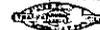
[Approved by U. S. Census and American Public Health  
Association]

**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*, *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*, *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 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.)

HUGH STEPHENS, JEFFERSON CITY.



Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County Wine  
Township Calumet  
or  
Village  
or  
City

Registration District No. 681 File No.  
Primary Registration District No. 5909a Registered No. 2  
St.: Ward)

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

FULL NAME Berulah Florence Reed

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH 12/6, 1911  
(Month) (Day) (Year)

DATE OF BIRTH 2/19, 1905  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/1, 1911, to 12/6, 1911, that I last saw her alive on 12/6, 1911, and that death occurred, on the date stated above, at 7:30 p. m.

AGE 6 yrs. 10 mos. 13 ds.  
IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

THE CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

meningitis X

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

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

NAME OF FATHER Geo. Reed

Contributory None  
(SECONDARY)

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

(Signed) Wm. Bartlett M. D.  
Dec 7 1911 (Address) Clarksville

MAIDEN NAME OF MOTHER Rebecca Thompson

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) J. M. Reed

Where was disease contracted If not at place of death?

(ADDRESS) Quincy

Former or usual residence

Filed Dec 12 1911 J. A. Goodrich REGISTRAR

PLACE OF BURIAL OR REMOVAL Oak Ridge Cem.

DATE OF BURIAL 12/8, 1911

UNDERTAKER W. Morris ADDRESS Claberry

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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