

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 Boone Co  
 Township Rockyfork  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

 Registration District No. 74 File No. 74  
 Primary Registration District No. 5113 Registered No. 51132

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

 FULL NAME Mira Jane Riggs

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>Jan 14</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>June 28</u> , 18 <u>61</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec 20</u> , 19 <u>14</u> , to <u>Jan 13</u> , 191 <u>2</u> , that I last saw h <sup>im</sup> alive on <u>Jan 13</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>8 A.</u> m.	
AGE <u>50 - 6 - 16</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Pneumonia contributory</u> <u>103</u> <u>1103</u> (Duration) yrs. mos. <u>24</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farm Life</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>farmer</u>			Contributory <u>Pleurisy</u> (SECONDARY) (Duration) yrs. mos. ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Boone Co Mo</u>			Signed <u>W. S. Luddy</u> M. D. <u>Jan 14</u> , 191 <u>2</u> . (Address) <u>Gant Mo</u>	
PARENTS	NAME OF FATHER <u>Wm G. Riggs</u>		*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 FATHER (City or town, State or foreign country) <u>Boone Co Mo</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>Elizabeth Brady</u>		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Boone Co Mo</u>		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) <u>L. S. Leach</u>			PLACE OF BURIAL OR REMOVAL <u>Victory Grove</u>	
(ADDRESS) <u>Hutton Mo</u>			DATE OF BURIAL <u>Jan 15</u> , 191 <u>2</u>	
Filed <u>Jan 15</u> , 191 <u>2</u> <u>R. R. Robinson</u> REGISTRAR			UNBERTAKER <u>M. S. Bush</u> ADDRESS <u>Centralia Mo</u>	

# 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, peritonaeum*, 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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

County Boone Co  
 Township Rocky Fork  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

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

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 77 File No. 2172  
 Primary Registration District No. 5713 Registered No. 2

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

FULL NAME Mrs Jane Riggs

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)  
 DATE OF BIRTH June 28, 1861  
(Month) (Day) (Year)  
 AGE 50 yrs. 6 mos. 16 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
 (a) Trade, profession, or particular kind of work farm life  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS  
 NAME OF FATHER Jas. G. Riggs  
 BIRTHPLACE OF FATHER Boone Co Mo  
 MAIDEN NAME OF MOTHER Elizabeth Brady  
 BIRTHPLACE OF MOTHER Boone Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) C. S. Leach  
 (ADDRESS) Hutton Mo

Filed Jan 11, 1912 R. R. Robinson  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 20, 1911, to Jan 13, 1912, that I last saw him live on Jan 13, 1912, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
 Contributory Acute Pleurisy  
(SECONDARY)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 18 ds.  
 (Signed) M. J. Todd M. D.  
Jan 14, 1912 (Address) Sant 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 Hickory Grove DATE OF BURIAL Jan 13, 1912  
 UNDERTAKER M. S. Bush ADDRESS Centralia Mo

\* All information called for must be written on this Supplementary Certificate.

JAN 11 1912

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