

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County <u>Wentworth</u>			Registration District No. <u>284</u>	File No. <u>767</u>		
Township _____ or _____			Primary Registration District No. <u>5426</u>	Registered No. <u>9</u>		
Village _____ or <u>Tennett</u>			City <u>Tennett</u> (NO. <u>4172</u> St. _____ Ward _____)	(If death occurred in a hospital or institution, give its NAME instead of street and number)		
FULL NAME <u>Daisy Johnson</u>						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	MARITAL STATUS <u>married</u> (Write the word)	DATE OF DEATH <u>Jan 13, 1912</u> (Month) (Day) (Year)			
DATE OF BIRTH <u>Dec 31, 1882</u> (Month) (Day) (Year)		AGE <u>29</u> yrs. <u>0</u> mos. <u>12</u> ds.	I HEREBY CERTIFY, that I attended deceased from <u>Jan 13, 1912</u> , to <u>Jan 13, 1912</u> , and that I last saw her alive on <u>Jan 13, 1912</u> , and that death occurred, on the date stated above, at <u>6:30 P. M.</u>			
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u>		The CAUSE OF DEATH* was as follows: <u>Paralysing Heart</u> <u>94A</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>g-d</u>		Duration) yrs. mos. ds. <u>1</u> ds.				
BIRTHPLACE (City or town, State or foreign country) <u>Illinois</u>		Contributory (SECONDARY) _____ (Duration) yrs. mos. ds. _____				
PARENTS	NAME OF FATHER <u>Richard Bickner</u>	(Signed) <u>W. V. Presnell</u> M. D. <u>Jan 14, 1912</u> (Address) <u>Tennett Mo</u>				
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
	MAIDEN NAME OF MOTHER <u>Mary B. Baldwin</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.				
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill.</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>W. H. Nichols</u>		PLATE OF BURIAL OR REMOVAL <u>Grigory Ann</u> DATE OF BURIAL <u>Jan 14, 1912</u>				
(ADDRESS) <u>Tennett Mo</u>		UNDERTAKER <u>Tennett Co</u> ADDRESS <u>Tennett Mo</u>				
Filed <u>Jan 14, 1912</u>		REGISTRAR <u>D. H. [Signature]</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, 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.)

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PLACE OF DEATH

County Dunklin
 Township _____
 or
 Village _____
 or
 City Kennett (NO. _____) St.: _____ Ward _____

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

Registration District No. 288 File No. 767
 Primary Registration District No. 4172 Registered No. 9

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

FULL NAME

Daisy Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OF RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Dec 31 1882</u> <small>(Month) (Day) (Year)</small>		
AGE <u>29</u> yrs. <u>0</u> mos. <u>12</u> ds.		if LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Illinois</u>		
PARENTS	NAME OF FATHER <u>Richard B. Baker</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>	
	MAIDEN NAME OF MOTHER <u>Mrs. Baldwin</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan 13 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 13 1912, to Jan 13 1912, that I last saw live on Jan 13 1912 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:
Heart Paralysis Caused by Cardiac Neuralgia

Contributory (SECONDARY)
 (Duration) _____ yrs. _____ mos. _____ ds.
Alla V. Purcell (Signature) Kennett Mo (Address)
Jan 14 1912 (Date)
 *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) M. H. Nichols
 (ADDRESS) Kennett Mo

Filed Jan 14 1912 Illigdon REGISTRAR

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
Gregory Ave
 DATE OF BURIAL
Jan 14 1912
 UNDERTAKER
Lutz Funeral Co
 ADDRESS
Kennett Mo

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.)