

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	Jackson		Registration District No.	404	File No.	2487
Township	Washington		Primary Registration District No.	555	Registered No.	88-7
Village			(No.		St.	Ward)
City			FULL NAME <u>Baby Pennington</u>			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Male	White	Single	January 1, 1911 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
Dec 27, 1911 (Month) (Day) (Year)			, 1911, to , 1911,			
AGE			that I last saw him alive on Dec 27, 1911,			
yrs. mos. ds.			and that death occurred, on the date stated above, at 19 m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work			Transition			
(b) General nature of industry, business, or establishment in which employed (or employer)			1000			
BIRTHPLACE			151			
(City or town, State or foreign country)			(Duration) yrs. mos. ds.			
Hackman Mills Mo			4 ds.			
PARENTS	NAME OF FATHER		Contributory			
	Roby Pennington		(SECONDARY)			
	BIRTHPLACE OF FATHER		(Duration) yrs. mos. ds.			
	(City or town, State or foreign country)		Tenn			
MAIDEN NAME OF MOTHER		(Signed) E. A. Greaves M. D.				
Emeline Kilby		January 1, 1911 (Address) Hackman Mills Mo				
BIRTHPLACE OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
(City or town, State or foreign country)		Va				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(Informant) E. Greaves						At place of death yrs. mos. ds. In the State yrs. mos. ds.
(ADDRESS) Hackman Mills Mo						Where was disease contracted if not at place of death?
Filed January 1, 1911 E. A. Greaves REGISTRAR						Former or usual residence
PLACE OF BURIAL OR REMOVAL				DATE OF BURIAL		
Celestine Cemetery				January 1, 1911		
UNDERTAKER				(ADDRESS)		
D. H. Haley, Acting				Hackman Mills Mo		

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

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.)



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

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

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

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

Registration District No. 404 File No. 1481
Primary Registration District No. 5558 Registered No. _____

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

FULL NAME Baby Pennington

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> <i>(Write the word)</i>
DATE OF BIRTH <u>Dec. 27</u> , 1911 <i>(Month) (Day) (Year)</i>		
AGE <u>4</u> yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. _____ 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)		
BIRTHPLACE (City or town, State or foreign country) <u>Hickman Mills, Mo</u>		
PARENTS	NAME OF FATHER <u>Roby Pennington</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Jenn.</u>	
	MAIDEN NAME OF MOTHER <u>Estaline Kilby</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911, to _____, 1911,
that I last saw him alive on Dec 27, 1911,
and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Absolutely unknown
to Port maulin Red
never saw it at any time
(Duration) _____ yrs. _____ mos. 4 ds.

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

(Signed) E. Alpears M. D.
Jan 1, 1911 (Address) Hickman Mills, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. A. Grooms
(ADDRESS) Hickman Mills, Mo

Filed Jan 31 1911 by E. Alpears REGISTRAR

PLACE OF BURIAL OR REMOVAL Palestine Cemetery DATE OF BURIAL Jan 1, 1911
UNDERTAKER B. H. Mahaly Acting ADDRESS Hickman Mills, Mo.

Original file, date _____, 19____

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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