

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>Barren</u>		Registration District No.	<u>616</u>	
Township	<u>Barren Fork</u>		File No.	<u>2193</u>	
Village			Primary Registration District No.	<u>0806</u>	
City			Registered No.	<u>1</u>	
FULL NAME			Elizabeth Gullett		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>White</u>	<u>married</u>	<u>Jan 4 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<u>April 20 1880</u> (Month) (Day) (Year)			<u>Dr. [Signature]</u> to <u>(Haliness)</u> , 191 <u>2</u>		
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?	that I last saw h_____ alive on _____, 191 <u>2</u>		
<u>26</u> yrs. <u>8</u> mos. <u>10</u> ds.			and that death occurred, on the date stated above, at _____ m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work		<u>House wife</u>	<u>Tuberculosis of lungs</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		<u>None</u>	<u>23A</u>		
BIRTHPLACE			(Duration) _____ yrs. _____ mos. _____ ds.		
(City or town, State or foreign country)		<u>Missouri</u>	Contributory		
PARENTS	NAME OF FATHER	<u>J. H. Hastings</u>	(SECONDARY) _____		
	BIRTHPLACE OF FATHER	<u>Ohio</u>	(Duration) _____ yrs. _____ mos. _____ ds.		
	MAIDEN NAME OF MOTHER	<u>Mary Shanks</u>	8 (Signed) _____ M. D.		
	BIRTHPLACE OF MOTHER	<u>Mo.</u>	_____, 191____ (Address) _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(Informant) <u>J. H. Hastings</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(ADDRESS) <u>Tales, Mo.</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
Filed	<u>Jan 5 1912</u>	<u>E. H. Taylor</u>	Where was disease contracted if not at place of death? _____		
REGISTRAR			Former or usual residence _____		
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<u>Loftis Cemetery</u>			<u>Jan 6 1912</u>		
UNDERTAKER			ADDRESS		
<u>Fred Loftis</u>			<u>Wilhoit 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.)

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PLACE OF DEATH

County

Ozark

Township

Barren Fork

or

Village

or

City

(NO.

Registration District No.

646

File No.

2193

Primary Registration District No.

5856

Registered No.

1

St. Ward

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

FULL NAME

Elizabeth Gullett.

PERSONAL AND STATISTICAL PARTICULARS

SEX

F.

COLOR OR RACE

W.

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

M.

DATE OF BIRTH

April 25, 1885

AGE

26 yrs. 8 mos. 10 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)

Missouri

NAME OF FATHER

J. W. Kastning

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Ohio

MAIDEN NAME OF MOTHER

Mary Shanks

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

M.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

V. A. Kastning

(ADDRESS)

Toledo Mo.

Filed

Jan 5 1912

G. H. Taylor

REGISTRAR

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan. 4, 1912

HEREBY CERTIFY, that I attended deceased from

no doctor, 191, to (Holiness), 191,

that I last saw him alive on, 191,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Tuberculosis of Lungs.

Contributory

(SECONDARY)

(Signed)

M. D.

\*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

Loftis Cem.

DATE OF BURIAL

Jan. 6, 1912

UNDERTAKER

Fred Loftis.

ADDRESS

Wilhoit Mo.

Original file, date, JAN 1912

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

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