

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
Pettis Co
County _____

Township _____

or

Village _____

or

City _____

Registration District No. *128*

File No. *2274*

Primary Registration District No. *3032*

Registered No. *29*

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

FULL NAME *Grace Milhite*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *Brown* SINGLE *Married*
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH *Aug 31 1868*
(Month) (Day) (Year)

AGE *43* yrs. *4* mos. *22* ds. IF LESS than
1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work *House Keeper*
(b) General nature of industry, business, or establishment in which employed (or employer) *Caring for house*

BIRTHPLACE
(City or town, State or foreign country) *Pettis Co. Mo*

PARENTS
NAME OF FATHER *Jos. Jones*
BIRTHPLACE OF FATHER (City or town, State or foreign country) *Virginia*
MAIDEN NAME OF MOTHER *Matilda Lewis*
BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Virginia*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Ellen Field*

(ADDRESS) *Pettis Co. Mo.*

Filed *Jan. 24 1912* *Sam. Hall* REGISTRAR
Rev. Hays Deputy

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan 23 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Jan 10 1912*, to *Jan 23 1912*, that I last saw her alive on *Jan 22 1912*, and that death occurred, on the date stated above, at *6 a.m.* The CAUSE OF DEATH* was as follows:
Chronic Peritonitis
108
53E

129 (Duration) yrs. mos. *13* ds.
Contributory *Acute Myocarditis*
(SECONDARY) (Duration) yrs. mos. *10* ds.
(Signed) *M. Harris* M. D.
1-23 1912 (Address) *116 N. Main*
Pettis Co. 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 ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL *Pettis Co. Mo.* DATE OF BURIAL *Jan. 20 1912*

UNDERTAKER *M. Laughlin* ADDRESS *Pettis Co. 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*, *Compositor*, *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.)

HUGH STEPHENS, JEFFERSON CITY.



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, Pettie's

County Pettie's

Township _____

or _____

Village _____

or _____

City Pedalia (NO. 202 Clay St. St.; 1 Ward)

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

Registration District No. 668

File No. 2274

Primary Registration District No. 3032

Registered No. 29

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

FULL NAME Grace White

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Aug 31, 1868

(Month) (Day) (Year)

AGE 43 yrs. 4 mos. 22 ds.

If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Pettie's Co Mo

NAME OF FATHER Joe Tripp

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

MAIDEN NAME OF MOTHER Matilda Lewis

BIRTHPLACE OF MOTHER (City or town, State or foreign country) 2 Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellen Fields

(ADDRESS) Pedalia Mo

Filed Jan 24 1912

1912

Sam Kelly REGISTRAR

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23, 1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from Jan 10, 1912 to Jan 23, 1912 that I last saw him alive on Jan 22, 1912 and that death occurred, on the date stated above, at 6 am.

The CAUSE OF DEATH was as follows:

Peritonitis (chronic)
was neither accident, suicide, nor homicide.

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

Contributory Tubercular tumor no autopsy, but Dr. thinks statement correct
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Harris M. D.
March 27, 1912 (Address) Pedalia 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 Pedalia Mo

DATE OF BURIAL Jan 25, 1912

UNDERTAKER M Laughlin Bro.

ADDRESS Pedalia Mo

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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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.)