

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.

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
|--|--|--|--|
| PLACE OF DEATH County <u>Paulaski</u> or Township <u>Liberty</u> or Village _____ or City _____ (NO. _____ St.; _____ Ward) | | MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | |
| FULL NAME <u>Jessie Geretta Wheeler</u> | | Registration District No. <u>946</u> File No. <u>2377</u> Primary Registration District No. <u>5941-13</u> Registered No. <u>5</u> | |
| SEX <u>Female</u> COLOR OR RACE <u>white</u> SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) DATE OF BIRTH <u>August 22, 1911</u> (Month) (Day) (Year) AGE <u>4 yrs. 4 mos. 3 ds.</u> if LESS than 1 day, _____ hrs. or _____ min.? OCCUPATION (a) Trade, profession, or particular kind of work <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ BIRTHPLACE (City or town, State or foreign country) <u>Swedeberg mo</u> | | DATE OF DEATH <u>December 25, 1911</u> (Month) (Day) (Year) I HEREBY CERTIFY, that I attended deceased from <u>Dec 15, 1911</u> , to <u>Dec 25, 1911</u> , that I last saw her alive on <u>Dec 25, 1911</u> , and that death occurred, on the date stated above, at <u>1-30' am</u> . The CAUSE OF DEATH* was as follows: <u>a Burn</u> <u>180</u> ✓ <u>10</u> (Duration) _____ yrs. _____ mos. <u>10</u> ds. | |
| PARENTS NAME OF FATHER <u>William Wheeler</u> BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bray's mill</u> MAIDEN NAME OF MOTHER <u>Emma Peterson</u> BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Crocker mo</u> | | Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>H. C. Murphy</u> M. D. <u>Jan 6, 1912</u> (Address) <u>Richland</u> *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) <u>William Wheeler</u> (ADDRESS) <u>Swedeberg mo</u> | | 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 _____ | |
| Filled <u>Jan 6, 1912</u> REGISTRAR <u>[Signature]</u> | | PLACE OF BURIAL OR REMOVAL <u>The Hollow</u> DATE OF BURIAL <u>Dec 25, 1911</u> UNDERTAKER <u>S. Gleason</u> ADDRESS <u>Crocker 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*, *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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PLACE OF DEATH

County Pulaski
 Township Liberty
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

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

Registration District No. 946 File No. 2377
 Primary Registration District No. 5941B Registered No. 5

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

FULL NAME

Jessey Geretta Wheeler.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH Aug. 22, 1911 (Month) (Day) (Year)
 AGE 4 yrs. 3 mos. 3 ds. IF LESS than 1 day, _____ hrs. or _____ min.

DATE OF DEATH Dec. 25, 1911 (Month) (Day) (Year)

OCCUPATION (a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer)

I HEREBY CERTIFY, that I attended deceased from Dec. 15, 1911, to Dec. 25, 1911, that I last saw her alive on 4, 1911, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:
a Burn
Primarily due to conflagration caused by burning of dwelling
 (Duration) _____ yrs. _____ mos. 10 ds.

BIRTHPLACE (City or town, State or foreign country) Suedeborg, Mo.

PARENTS
 NAME OF FATHER William Wheeler
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Bray Mill
 MAIDEN NAME OF MOTHER Essena Patterson
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Crocker Mo.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) A. C. Murphy M. D.
Jan 6, 1912 (Address) Richland

*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) William Wheeler
 (ADDRESS) Suedeborg Mo.

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 _____

Filed Jehonville, 1912 D. J. B. Ross REGISTRAR

PLACE OF BURIAL OR REMOVAL Flea Hollow DATE OF BURIAL Dec. 25, 1911
 UNDERTAKER J. Gleann ADDRESS Crocker Mo.

Original file, date January 6, 1912, 1912...

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.)