

PLACE OF DEATH

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

County _____

Township _____

or _____

Village _____

or _____

City St LouisRegistration District No. 79TFile No. 3500Primary Registration District No. 1003Registered No. 853(NO. 1024 Loughborough St., 12 Ward)

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

FULL NAME Eva Webb

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH

July 26, 1907
(Month) (Day) (Year)

AGE

4 yrs. 6 mos. — ds.IF LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

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

BIRTHPLACE

(City or town, State or foreign country) MissouriNAME OF FATHER Jasper WebbBIRTHPLACE OF FATHER (City or town, State or foreign country) MissouriMAIDEN NAME OF MOTHER Norah HeilayBIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pierre Webb(ADDRESS) 1024 LoughboroughFiled JAN 26 1912 Max C Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan - 26 - 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan - 24 - 1912, to Jan - 26 - 1912, that I last saw her alive on Jan - 25 - 1912, and that death occurred, on the date stated above, at 3¹⁵ a.m.

The CAUSE OF DEATH was as follows:

Diphtheria10 (Duration) _____ yrs. _____ mos. 2 ds.

Contributory (SECONDARY)

(Signed) D J Smith M. D.
1-26-1912 (Address) 6006 Virginia

*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

Flat River Mo
UNDERTAKER Southerne

DATE OF BURIAL

Jan 27 - 1912
ADDRESS 7315 S Bldg

MARGIN RESERVED FOR BINDING

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.

United States Standard Certificate of Death

by U. S. Census and American Public Health Association]

U. S. Census and Association]

of occupation.—Precise statement of every important, so that the relative health-rious pursuits can be known. The ques- to each and every person, irrespective of any occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many ily in industrial employments, it is neces- (a) the kind of work and also (b) the e business or industry, and therefore an e is provided for the latter statement; it ed only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Spinner*; (b) (b) *Automobile factory*. The material may form part of the second statement. (a) *Laborer*, (b) *Foreman*, (c) *Manager*, without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. home, who are engaged in the duties of the (not paid *Housekeepers* who receive a as *Housewife*, *Housewife*, *House- home, and children, not gainfully employed, or At home*. Care should be taken to reg- ially the occupations of persons engaged in ervice for wages, as *Servant*, *Cook*, *House- If the occupation has been changed or given int of the DISEASE CAUSING DEATH, state oc- beginning of illness. If retired from busi- 6 yrs.) For fact may be indicated thus: *Farmer* (re- r, write *None*.). For persons who have no occupation t of cause of rite *None*.*

of cause of death.—Name, first, the and causation)SING DEATH (the primary affection with re- for the same ie and causation), using always the same (the only definit for the same disease. Examples: *Cere- meningitis*"); *Dys* (the only definite synonym is "Epidemic hoid fever (never meningitis)"); *Diphtheria* (avoid use of *pneumonia*; *E Typhoid fever* (never report "Typhoid lified, is indefin); *Lobar pneumonia*; *Bronchopneumonia onaeum*, etc., *Cia*, unqualified, is indefinite); *Tuberculosis name origin; "Cieninges, peritonaecum*, 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* (dis- ease causing death), 29 ds.; *Bronchopneumonia* (sec- ondary), 10 ds. Never report mere symptoms or ter- minal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 surgi al operation was under- taken. 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 conse- quences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

