

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	<i>Webster</i>		Registration District No.	<i>896</i>	
Township	<i>Grant</i>		File No.	<i>3935</i>	
Village			Primary Registration District No.	<i>6199</i>	
City			Registered No.	<i>2</i>	
FULL NAME			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
<i>Lola Murphy</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Single</i>	<i>January 2, 1911</i>		
DATE OF BIRTH	AGE		I HEREBY CERTIFY, that I attended deceased from		
<i>Dec 10, 1911</i>	<i>0 yrs. 0 mos. 23 ds.</i>		<i>No attending Phys.</i>		
OCCUPATION	BIRTHPLACE		and that death occurred, on the date stated above, at <i>69</i> m.		
<i>Infant</i>	<i>Webster Co. Mo.</i>		The CAUSE OF DEATH* was as follows:		
<i>None</i>	PARENTS		<i>Whooping Cough</i>		
NAME OF FATHER	BIRTHPLACE OF FATHER		Contributory		
<i>William Murphy</i>	<i>Webster Co. Mo.</i>		<i>Chicken Pox</i>		
MAIDEN NAME OF MOTHER	BIRTHPLACE OF MOTHER		(Signed) _____ M. D.		
<i>Grace Linsley</i>	<i>Webster Co. Mo.</i>		1911 (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) <i>J. Smith</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(ADDRESS) <i>Northview</i>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
Filed <i>Jan 2, 1911</i>			Where was disease contracted if not at place of death? _____		
<i>W. B. Beattie</i>			Former or usual residence _____		
REGISTRAR			PLACE OF BURIAL OR REMOVAL		
			<i>Webster Co. Mo.</i>		
			DATE OF BURIAL		
			<i>Jan 2, 1911</i>		
			UNDERTAKER		
			<i>No undertaker</i>		
			ADDRESS		

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 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.)



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

PLACE OF DEATH
 County Liberty
 Township Summit
 or
 Village _____
 or
 City _____ (No. _____ St.: _____ Ward _____)

Registration District No. 896 File No. 2935
 Primary Registration District No. 6199 Registered No. 2

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

FULL NAME Lola Murphy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

DATE OF DEATH 1-2- 1912
(Month) (Day) (Year)

DATE OF BIRTH 12/10 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,

AGE 0 yrs 0 mos 23 ds.
If LESS than 1 day, hrs. or min.

that I last saw h _____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

Whooping Cough

BIRTHPLACE
 (City or town, State or foreign country) _____

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

PARENTS
 NAME OF FATHER Wm Murphy
 BIRTHPLACE OF FATHER Mo.
 MAIDEN NAME OF MOTHER Mrs. Murphy
 BIRTHPLACE OF MOTHER Mo.

Contributory (SECONDARY) Cholera
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. K. Beattie M. D.
Jan 2 1912 (Address) Morsfield Mo.

*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) A. J. Smith

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

(ADDRESS) Northwood Mo.

Where was disease contracted if not at place of death?
 Former or usual residence _____

Filled Jan 2 1912 by W. K. Beattie REGISTRAR

PLACE OF BURIAL OR REMOVAL Welch Cem DATE OF BURIAL 1-2- 1912
 UNDERTAKER had no undertaker ADDRESS none

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