

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
 County Christian
 Township First or Village _____ or City Ozark (NO. _____ St.: _____ Ward) _____
 Registration District No. 184 File No. 4534
 Primary Registration District No. 4110 Registered No. 8

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

FULL NAME Bertha Weaver Cyers

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)	DATE OF DEATH <u>Feb 8</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb 7</u> , 18 <u>52</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 1</u> , 191 <u>1</u> , to <u>Feb 8</u> , 191 <u>2</u> , that I last saw her alive on <u>Feb 7</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>99 m.</u>	
AGE <u>60</u> yrs. <u>1</u> mos. <u>1</u> ds.			The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u> <u>8 23 PM</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>g-o</u>			(Duration) <u>1</u> yrs. <u>2</u> mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Green Co. Mo.</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Sam. Weaver.</u>		(Signed) <u>J. W. Bruton</u> M. D. <u>Feb 8</u> , 191 <u>2</u> (Address) <u>Ozark Mo</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Donkik Knowlton</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Dilsa Weaver</u> (ADDRESS) <u>Ozark Mo</u>			Where was disease contracted If not at place of death? Former or usual residence _____	
Filed <u>Feb 25</u> , 191 <u>2</u> <u>J. W. Bruton</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Weaver Cemetery</u> ADDRESS <u>Ozark Mo</u>	
			DATE OF BURIAL <u>Feb 7</u> , 191 <u>2</u> ADDRESS <u>Ozark 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*, *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.)



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

PLACE OF DEATH Christian
County _____

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

Township _____ Registration District No. 184 File No. 4534
or _____
Village _____ Primary Registration District No. 4110 Registered No. _____
or _____
City Ozark (NO. _____ St. _____ Ward _____)

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb 7, 1852
(Month) (Day) (Year)

AGE 60 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or mins.

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

BIRTHPLACE (City or town, State or foreign country) Green Co Mo

PARENTS

NAME OF FATHER	<u>Sampson</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Ky</u>
MAIDEN NAME OF MOTHER	<u>unn</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Green</u>

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 1, 1912, to Feb 8, 1912, that I last saw her alive on Feb 7, 1912, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
2 (Duration) 1 yrs. 3 mos. 0 ds.

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

(Signed) J. W. Bruston M. D.
Feb 8, 1912 (Address) Ozark 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dilsa Weaver
(ADDRESS) Ozark Mo

Filed Feb 25, 1912 J. W. Bruston
REGISTRAR

PLACE OF BURIAL OR REMOVAL Mass Cem DATE OF BURIAL Feb 9, 1912

UNDERTAKER Robertson Bro ADDRESS Ozark Mo

Revised United States Standard Certificate of Death

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

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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 septicæmia," "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.)