

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

PLACE OF DEATH

County Henry Registration District No. 350 File No. 5000
Township Clinton or Primary Registration District No. 5488 Registered No. 19
Village _____ or _____ St.: _____ Ward) _____
City _____ (NO. _____)

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

FULL NAME Edna Martha Volting

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (If write the word)
DATE OF BIRTH <u>Jan 2, 1912</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>5</u> mos. <u>5</u> ds. If LESS than: 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Clinton, Mo.</u>		
PARENTS	NAME OF FATHER <u>G. L. Volting</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Massard, Ill.</u>	
	MAIDEN NAME OF MOTHER <u>Lola Brown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Massard, Ill.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 2nd, 1912, to Feb 3, 1912, that I last saw her alive on Feb 2nd, 1912 and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Erysipelas
158
(Duration) _____ yrs. _____ mos. 6 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) G. G. McShaw M. D.
Feb 8, 1912 (Address) Clinton, 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 Englewood - Clinton DATE OF BURIAL Feb - 8 - 1912

UNDERTAKER J. J. Jones ADDRESS Clinton

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Brown
(ADDRESS) Clinton, Mo. R-6

Filed Feb 8, 1912 W. M. Shaw REGISTRAR

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.

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-a
United States Standard Certificate
of Death
21

-rd by U. S. Census and American Public Health
:s Association]

22
-a
point of occupation.—Precise statement of oc-
cus very important, so that the relative health-
-2 various pursuits can be known. The ques-
-3 ses to each and every person, irrespective of
: many occupations a single word or term on
: fine will be sufficient, e. g., *Farmer* or *Planter*,
, *Compositor*, *Architect*, *Locomotive engineer*,
Miner, *Stationary fireman*, etc. But in many
specially in industrial employments, it is neces-
sary 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*, *House-*
work, or *At home*, and children, not gainfully employed,
as *At school* or *At home*. Care should be taken to re-
port specifically the occupations of persons engaged in
domestic service for wages, as *Servant*, *Cook*, *House-*
maid, etc. If the occupation has been changed or given
up on account of the DISEASE CAUSING DEATH, state oc-
cupation at beginning of illness. If retired from busi-
ness, that fact may be indicated thus: *Farmer (re-*
tired, 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 re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-*
brospinal 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* (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 surgical 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 na-
ture 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.)

