

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 Knox
 County Knox
 Township Myrtle
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

Registration District No. 444
 Primary Registration District No. 5603
 File No. 5719
 Registered No. 2

FULL NAME Louisa Berner

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Feb 17</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 1</u> , 18 <u>92</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 14</u> , 191 <u>2</u> , to <u>Feb 17</u> , 191 <u>2</u> , that I last saw her alive on <u>Feb 17</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>6:20</u> a.m.	
AGE <u>79</u> yrs. <u>6</u> mos. <u>16</u> ds.			The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>109A</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			(Duration) _____ yrs. _____ mos. <u>5</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Thos. Silvers</u>		(Signed) <u>J. R. Northcutt</u> , M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>		<u>Feb 6</u> , 191 <u>2</u> (Address) <u>Knox City Mo</u>	
	MAIDEN NAME OF MOTHER <u>Anna Hidel</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 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>Chris B. Berner</u> (ADDRESS) <u>Knox City Mo</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
Filed <u>Feb 18</u> , 191 <u>2</u> , <u>J. R. Northcutt</u> , REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Lewis Co</u> DATE OF BURIAL <u>Feb 18</u> , 191 <u>2</u> UNDERTAKER <u>Wm. Senger</u> ADDRESS <u>Knox City 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*, *peritonacum*, 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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PLACE OF DEATH

County Knox
Township Myrtle
or
Village
or
City

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

Registration District No. 444
Primary Registration District No. 3-603

File No. 5719
Registered No. 2

FULL NAME

Louisa Bunner

[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 M MARRIED W WIDOWED W OR DIVORCED W
(Write the word)

DATE OF BIRTH Aug 1, 1832
(Month) (Day) (Year)

AGE 79 yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or mins.

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

BIRTHPLACE (City or town, State or foreign country)

PARENTS NAME OF FATHER Thos Bunner BIRTHPLACE OF FATHER Ky
MAIDEN NAME OF MOTHER Margiea Hides BIRTHPLACE OF MOTHER Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chris C. Bunner (ADDRESS) Knox City Mo

Filed Feb 18, 1912 REGISTRAR J. R. Northcutt

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 14, 1912, to Feb 17, 1912, that I last saw her alive on Feb 17, 1912, and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows: Pneumonia
Pneumonia
(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) J. R. Northcutt M. D. Feb 17, 1912 (Address) Knox City 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 Levies Rev DATE OF BURIAL Feb 17, 1912
UNDERTAKER Wm. Seeger ADDRESS Knox City Mo

Revised United States Standard Certificate of Death

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Association]

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