

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.

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

PLACE OF DEATH McDonald
County McDonald
Township Center or Village _____
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 4440 File No. 5907
Primary Registration District No. 5090 Registered No. _____

FULL NAME Harriet Jane Shipley [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, WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)	DATE OF DEATH <u>August 2</u> , 19 <u>11</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Sept 30</u> , 1 <u>830</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Aug 2</u> , 19 <u>11</u> , to <u>Aug 2</u> , 19 <u>11</u> , that I last saw her alive on <u>on Aug 2</u> , 19 <u>11</u> , and that death occurred, on the date stated above, at <u>11²⁰</u> a.m. The CAUSE OF DEATH* was as follows: <u>Angina Pectoris</u> <u>g.c.</u> <u>g.c.</u> (Duration) _____ yrs. _____ mos. <u>6 hours</u>		
AGE <u>80</u> yrs. <u>10</u> mos. <u>2</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
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) _____			(Signed) <u>T. B. Voitman</u> M. D. <u>Feb 2</u> , 19 <u>12</u> (Address) <u>Washburn Va</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Tenn</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>Dont Know</u> <u>Vanner</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	MAIDEN NAME OF MOTHER <u>Dont Know</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont Know</u>	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) <u>B. F. Shipley</u>			PLACE OF BURIAL OR REMOVAL <u>Roller Cemetery</u>	
	(ADDRESS) <u>Washburn^{Mo} Route 2</u>			DATE OF BURIAL <u>Aug 3</u> , 19 <u>11</u>	
Filed <u>Feb 2</u> , 19 <u>12</u> , <u>W. H. Woodard</u> REGISTRAR			UNDERTAKER <u>Friends & Neighbors</u>		
			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*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many

cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an additional line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Auto mechanic*, (b) *Automobile factory*. The material on this line may form part of the second statement. Turn "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc.

For persons who are engaged in the duties of the home, who are engaged in the duties of the home (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *At home*. Care should be taken to record the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *House-*

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.)

