

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	
County <u>Phelps.</u>		BUREAU OF VITAL STATISTICS	
Township _____		Registration District No. <u>677</u>	File No. <u>6314</u>
or Village _____		Primary Registration District No. <u>4403</u>	Registered No. <u>11</u>
or City <u>Rolla Mo.</u> (NO. _____) St.: _____ Ward: _____		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <u>Mrs. Virginia Catherine Disimer.</u>			

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX Female	COLOR OR RACE White	DATE OF DEATH <u>Feb 18</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>June 8</u> , 18 <u>49</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Feb 12</u> , 191 <u>2</u> , to <u>Feb 18</u> , 191 <u>2</u> , that I last saw her alive on <u>Feb 18</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3:30 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia (Lobar)</u>	
AGE <u>62</u> yrs. <u>6</u> mos. <u>11</u> ds.	—SINGLE —MARRIED —WIDOWED OR DIVORCED (Write the word) Divorced	Duration) _____ yrs. _____ mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work House-wife.	(b) General nature of industry, business, or establishment in which employed (or employer) _____	Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) Ringole Georgia.	PARENTS NAME OF FATHER Wakefield.	(Signed) <u>H. S. Smet</u> M. D. <u>Feb 19</u> , 191 <u>2</u> (Address) <u>Rolla Mo.</u>	
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee.	MAIDEN NAME OF MOTHER Kate Wakefield.	*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) Tennessee.	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Ada Hartman</u> (ADDRESS) <u>505 Main St</u>	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 _____	
Filed <u>July 19</u> , 191 <u>2</u>	<u>Dallas Texas</u> <u>Feb Taylor</u> REGISTRAR	PLACE OF BURIAL OR REMOVAL Rolla City Cemetery	DATE OF BURIAL <u>Feb 19-1912</u>
		UNDERTAKER Clarence W. Love.	ADDRESS Rolla Mo.

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

County Phelps

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

Township _____
or
Village _____
or
City Rolla Mo. (NO. _____ St. _____ Ward _____)

Registration District No. 677 File No. 6314
Primary Registration District No. 4403 Registered No. 11

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

FULL NAME

Virginia Catherine Disimer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH 2/18, 1912
(Month) (Day) (Year)

DATE OF BIRTH June 8, 1849
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to 2/18, 1912, that I last saw her alive on 2/18, 1912, and that death occurred, on the date stated above, at 8:30 P.M.

AGE 62 yrs. 6 mos. 11 ds. IF LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

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

Pneumonia, Lobar.
(Duration) _____ yrs. _____ mos. 5 ds.

BIRTHPLACE (City or town, State or foreign country) Prigole, Georgia

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

PARENTS NAME OF FATHER John Wakefield BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.

(Signed) W. S. Smith M. D. 2/19, 1912 (Address) Rolla Mo.

MAIDEN NAME OF MOTHER Katy Myers BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

*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) Mrs Ada Hartman (ADDRESS) 505 Main St. Rolla, Mo.

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: _____

Filed Feb 19th, 1912 H. Taylor REGISTRAR

PLACE OF BURIAL OR REMOVAL Rolla City Cem. DATE OF BURIAL 2/19, 1912
UNDERTAKER Clarence W. Love ADDRESS Rolla Mo.

FEB 1912

Revised United States Standard Certificate of Death

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

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