

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 St. Clair  
 Court Osceola  
 Township Osceola or Village Osceola or City Osceola (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registration District No. 765 File No. 5 6527  
 Primary Registration District No. 4460 Registered No. 7111  
 FULL NAME Patsy Holzman  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Caucasian SINGLE Single MARRIED WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH X X 1871  
 (Month) (Day) (Year)  
 AGE 41 yrs. — mos. — ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
 OCCUPATION (a) Trade, profession, or particular kind of work School teacher  
 (b) General nature of industry, business, or establishment in which employed (or employer) Teaching  
 BIRTHPLACE (City or town, State or foreign country) Don't know  
 PARENTS  
 NAME OF FATHER Don't know  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know  
 MAIDEN NAME OF MOTHER Don't know  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know  
 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. W. Sullivan M. D.  
 (ADDRESS) Osceola Mo

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb- 22 - 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Feb- 11 - 1912, to Feb- 22 - 1912, that I last saw her alive on Feb- 22 - 1912, and that death occurred, on the date stated above, at 10:30 P.M.  
 The CAUSE OF DEATH\* was as follows:  
Splenic abscess  
46 F  
53 E  
 (Duration) — yrs. 2 mos. — ds.  
 Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) E. A. Smith M. D.  
127 1912 (Address) Osceola 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 Kansas City Mo  
 PLACE OF BIRTH OR REMOVAL Kansas City Mo DATE OF BURIAL \_\_\_\_\_ 191\_\_\_\_\_  
 UNDERTAKER H. J. Smith ADDRESS Osceola Mo

Filed 2/27 1912  
 REGISTRAR H. J. Smith

# 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*, *Composer*, *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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**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

PLACE OF DEATH St. Clair  
 County St. Clair REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 Township \_\_\_\_\_ Registration District No. 765 File No. U527  
 or \_\_\_\_\_  
 Village \_\_\_\_\_ Primary Registration District No. 4460 Registered No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City Osceola (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Patsy Holman

**PERSONAL AND STATISTICAL PARTICULARS**

SEX F. COLOR OR RACE Col. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S.

DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

AGE 41 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

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

BIRTHPLACE (City or town, State or foreign country) Don't know

PARENTS

NAME OF FATHER	_____
BIRTHPLACE OF FATHER (City or town, State or foreign country)	_____
MAIDEN NAME OF MOTHER	_____
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	_____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. W. Sullivan, M.D.  
 (ADDRESS) Osceola Mo

Filed FEB 27 1912 Ruth Seever  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH 2/22, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1912, to 2/22, 1912,  
 that I last saw her alive on 4/22, 1912,  
 and that death occurred, on the date stated above, at 10:30 P.

The CAUSE OF DEATH\* was as follows:  
Splenic Abscess  
probably of sarcomatous degeneration

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Sarcomatous  
condition Pancreas  
 (Duration) about 4 mos. ds.

(Signed) Loa Smith M. D.  
Apr 8, 1912 (Address) Osceola 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 Kansas City Mo. DATE OF BURIAL \_\_\_\_\_ 1912

UNDERTAKER W. R. Smith ADDRESS Osceola Mo

All information called for must be written on this Supplementary Certificate.

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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 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.)