

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  
**Stoddard** V

County Stoddard Registration District No. 840 File No. 7845

Township Duff Creek or Village \_\_\_\_\_ Primary Registration District No. 6102 Registered No. \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Cora Rozetta Stimmitt

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> <small>(Write the word)</small>	DATE OF DEATH <u>December 22, 1911</u> <small>(Month) (Day) (Year)</small>		
DATE OF BIRTH <u>No Record</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Dec 22<sup>nd</sup> 1911</u> , to <u>Dec 22<sup>nd</sup> 1911</u> , that I last saw her alive on <u>Dec 22<sup>nd</sup> 1911</u> , and that death occurred, on the date stated above, at <u>12<sup>30</sup> P.M.</u> The CAUSE OF DEATH* was as follows: <u>Coma - following malarial poisoning</u>		
AGE <u>28</u> yrs. ____ mos. ____ ds. IF LESS than 1 day ____ hrs. or ____ min.?					
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Keeping House</u>			Duration of <u>14 1/2</u> yrs. ____ mos. ____ ds. <u>14 1/2</u> yrs. ____ mos. ____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Reynolds county, Mo</u>			Contributory <u>Quarrel fever</u> <small>(SECONDARY)</small> Duration ____ yrs. ____ mos. ____ ds.		
PARENTS	NAME OF FATHER <u>Joseph Barton</u>		(Signed) <u>W. B. Kerr</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>		<u>Dec 24, 1911</u> (Address) <u>Dudley, Mo</u>		
	MAIDEN NAME OF MOTHER <u>Sarah Howell</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>Mo</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			Where was disease contracted If not at place of death? _____		
(Informant) _____			Former or usual residence _____		
(ADDRESS) _____			PLACE OF BURIAL OR REMOVAL <u>Dudley Cemetery</u>		
Filed <u>Feb 1, 1912</u> <u>L. B. Burre</u> REGISTRAR			DATE OF BURIAL <u>Dec 23, 1911</u>		
			UNDERTAKER <u>L. C. &amp; J. W. Martin</u>		
			ADDRESS <u>Dudley, 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*, *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.)



INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH  
 County Stoddard  
 Township Duck Creek  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registration District No. 840 File No. \_\_\_\_\_  
 Primary Registration District No. 6102 Registered No. \_\_\_\_\_

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

FULL NAME Cora Rozetta Stinnett

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>F</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED <i>(Write the word)</i> <u>m</u>
DATE OF BIRTH <u>mm</u> / <u>1</u> / <u>1911</u> (Month) (Day) (Year)		
AGE <u>28</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. _____ min. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Reynolds, Mo</u>		
PARENTS	NAME OF FATHER <u>Joseph Barton</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>	
	MAIDEN NAME OF MOTHER <u>Grish Howell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Dec 22, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 22, 1911, to Dec 22, 1911, that I last saw her alive on Dec 22, 1911, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH\* was as follows:  
coma following malarial poisoning

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

Contributory Overpersonal fears  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. B. Kerr M. D.  
 \_\_\_\_\_, 1911 (Address) Dudley Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) X Joseph Barton  
 (ADDRESS) X Dudley Mo

Filed X Jan 1, 1912 X L. B. Burrell  
 REGISTRAR

\*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 <u>Dudley Cem</u>	DATE OF BURIAL <u>Dec 23</u> 19 <u>11</u>
UNDERTAKER <u>L. A. &amp; Jos Weren</u>	ADDRESS <u>Fisk Mo</u>

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

# Revised United States Standard Certificate of Death

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