

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 Butler Co.

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

County Poplar Bluff

Township Deaver Lane

or  
Village  
or  
City

Registration District No. 87

Primary Registration District No. 5129

File No. 8340

Registered No. 11

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

FULL NAME Adeline Edelman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF BIRTH March 13, 1892  
(Month) (Day) (Year)

AGE 20 yrs. - mos. - ds. IF LESS than 1 day, - hrs. or - mln.?

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

BIRTHPLACE (City or town, State or foreign country) Butler Co. Mo.

PARENTS  
NAME OF FATHER Sam Somers  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know  
MAIDEN NAME OF MOTHER Sarah Wilson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Butler Co Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Thos. Edelman

(ADDRESS) Poplar Bluff, Mo.

Filed Mar. 14, 1912 R. L. Turner

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 12, 1912, to ---, 191---, that I last saw her alive on March 12, 1912, and that death occurred, on the date stated above, at 11:20 p.

The CAUSE OF DEATH\* was as follows:  
Perforation Bowel  
1234  
109H  
120B (Duration) --- yrs. --- mos. --- ds.

Contributory Pneumonia  
(SECONDARY) (Duration) --- yrs. --- mos. --- ds.

(Signed) Alfred P. Cowe M. D.  
Mar 11 1912 (Address) Poplar Bluff, 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 Black Creek DATE OF BURIAL Mar. 16, 1912

UNDERTAKER A. W. Green ADDRESS P. B. Mo.

coffin

# 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, 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.)



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

PLACE OF DEATH  
 County Butler  
 Township Beaver Dam  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 87 File No. \_\_\_\_\_  
 Primary Registration District No. 5129 Registered No. 11

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

FULL NAME Adeline Edelman

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>w</u>
DATE OF BIRTH <u>Mar 13</u> , 189 <u>2</u> (Month) (Day) (Year)		
AGE <u>20</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. _____ min. _____ sec. or _____ min. _____ sec.
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>Butler, Mo</u>		
PARENTS	NAME OF FATHER <u>Sam Bomers</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Wilson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>Mar 13</u> , 191 <u>2</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>Mar 12</u> , 191 <u>2</u> , to <u>Mar 12</u> , 191 <u>2</u> , that I last saw her alive on <u>Mar 12</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>11:30</u> P.M.
The CAUSE OF DEATH* was as follows: <u>Perforation of Bowels</u> <u>Enteritis</u>
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory <u>Pneumonia</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>Alfred P. Bone</u> <u>5/13</u> , 191 <u>2</u> (Address) <u>Poplar Bluff</u>
*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. State _____ yrs. _____ mos. _____ ds. 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) Thos. Edelman  
(ADDRESS) Poplar Bluff Mo.

Filed March 14, 1912. R. L. Turner  
REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Black Creek DATE OF BURIAL  
3/16, 1912  
UNDERTAKER  
A. W. Green ADDRESS  
Poplar Bluff, Mo.

Original file. date MAR 1912

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

N. B.—Every item of informant's name, sex, fully applied, 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.

# Revised United States Standard Certificate of Death

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

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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.)

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