

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
County Butler

Township _____ or Village _____ or City Poplar Bluff (NO. _____ St. _____ Ward _____)

Registration District No. 89 File No. 8358

Primary Registration District No. 3003 Registered No. 62

FULL NAME Nettie Maude Parson

[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 White SINGLE Married MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb 27, 1885
(Month) (Day) (Year)

AGE 27 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

BIRTHPLACE (City or town, State or foreign country) Washington Mo

PARENTS

NAME OF FATHER W. W. Hornsey
BIRTHPLACE OF FATHER (City or town, State or foreign country) Palau

MAIDEN NAME OF MOTHER Emily J. Peebles
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Palau Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Hornsey

(ADDRESS) Butler Mo.

Filed 3/15 1912 Annie Clarke REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 3rd, 1912, to March 15th, 1912, that I last saw her alive on March 15th, 1912, and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:
Ulcer Septicemia

(Duration) _____ yrs. about 21 mos. _____ ds.

Contributory (SECONDARY) Ulcer (Gastric)
(Duration) _____ yrs. _____ mos. 10 ds.

(Signed) B. L. Ellis M. D.
March 15th 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 Palau Mo DATE OF BURIAL 3/16 1912

UNDERTAKER Frank L. Kunk ADDRESS Poplar Bluff

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.)



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

PLACE OF DEATH

Buster

County

Township

Registration District No.

89

File No.

or

Village

Primary Registration District No.

3007

Registered No.

621

or

City

Poplar Bluff

(No. *0*)

St.

Ward

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

FULL NAME

Nettie Maud Parsons

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

F

COLOR OR RACE

W.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

M

DATE OF BIRTH

Feb 27 1885

(Month) (Day) (Year)

AGE

27 yrs. mos. ds.

IF LESS than 1 day, hrs. or mins.

DATE OF DEATH

March 15 1912

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Mar 3*, 1912, to *Mar 15*, 1912,

that I last saw her alive on *Mar 15*, 1912,

and that death occurred, on the date stated above, at *4:45 P.M.*

The CAUSE OF DEATH* was as follows:

Septicæmia (Puerperal) = X

Septicæmia due to retroflexion of uterus bound down by adhesions which prevented through drainage, & infection was of septicæmia duration when I first saw the case - exciting cause of abortion claimed to be unknown

(Duration) yrs. mos. *27* ds.

Contributory

Ulcer (Gastric)

(SECONDARY)

(Duration) yrs. mos. *10* ds.

(Signed)

B. L. Ellis

M. D.

May 14th 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

Caladonia Mo

DATE OF BURIAL

3/16 1912

UNDERTAKER

Frank L. & N. G.

ADDRESS

Poplar Bluff

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

B. W. Hornsby

(ADDRESS)

Deeroga Mo

File

19117

Angie Clark
less. REGISTRAR

Original file, date

MAR 18 1912

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

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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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