

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 Ash Hill Registration District No. 925 File No. 8377
 Village _____ Primary Registration District No. 57340 Registered No. 10
 City _____ (NO. _____) St.: _____ Ward: _____

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

FULL NAME Bethie Geneva Manion

PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> <small>(Write the word)</small>	DATE OF DEATH <u>March 16, 1912</u> <small>(Month) (Day) (Year)</small>		
DATE OF BIRTH <u>November 30, 1871</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>March 15, 1912</u> , to <u>March 16, 1912</u> , that I last saw her alive on <u>March 16, 1912</u> , and that death occurred, on the date stated above, at <u>5 P. M.</u>		
AGE <u>40 yrs. 5 mos. 15 ds.</u> <small>IF LESS than 1 day, hrs. or min.?</small>			The CAUSE OF DEATH* was as follows: <u>Double Pneumonia</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>None 30</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>			(Duration) _____ yrs. _____ mos. _____ ds. Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>V. L. Greathouse</u> M. D. <u>3-17 1912</u> (Address) <u>Fisk</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>					
PARENTS	NAME OF FATHER <u>J. W. Manion</u>				
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ind 8</u>				
	MAIDEN NAME OF MOTHER <u>Stellia Beard</u>				
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill</u>					
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. W. Manion</u> (ADDRESS) <u>Fisk 116</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
FILED <u>9-17 1912</u> <u>Vincent Greathouse</u> REGISTRAR			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>Ash Hill</u>		DATE OF BURIAL <u>Mar 17 1912</u>
			UNDERTAKER <u>L. J. Warren</u>		ADDRESS <u>Fisk 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, 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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Benton
Township Ash Hill
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 925 File No. _____
Primary Registration District No. 51346 Registered No. 10

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

FULL NAME Bethie Geneva Marion

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Mar 16, 1912
(Month) (Day) (Year)

DATE OF BIRTH Nov 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 6, 1912, to Mar 16, 1912, that I last saw her alive on Mar 16, 1912, and that death occurred, on the date stated above, at 5 P.M.

AGE _____ yrs. 5 mos. _____ ds. If LESS than 1 day, _____ hrs. _____ or _____ min.

The CAUSE OF DEATH* was as follows:
Double Pneumonia
Broncho Pneumonia

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

BIRTHPLACE (City or town, State or foreign country) _____

PARENTS NAME OF FATHER J. W. Marion
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind
MAIDEN NAME OF MOTHER Stella Beard
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. 15 ds.
(Signed) W. G. Gresham M. D.
3-17, 1912 (Address) Fisk

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Marion
(ADDRESS) Fisk 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 _____

Filed 3-17, 1912 W. G. Gresham REGISTRAR

PLACE OF BURIAL OR REMOVAL Ash Hill DATE OF BURIAL Mar 17, 1912
UNDERTAKER L. & J. Warren ADDRESS Fisk Mo

MARGIN RESERVED FOR BINDING

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