

MARGIN RESERVED FOR BINDING

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 Callaway
Township St Aubert
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 105- File No. 8422
Primary Registration District No. 5154 Registered No. June 12
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mrs. Virginia L. Hulman

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>March</u> (Month) <u>1</u> (Day) <u>1912</u> (Year)		
AGE <u>about 70</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>Housekeeping</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Springwood Va</u>		
PARENTS	NAME OF FATHER <u>Edwin T. Kenauer</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Springwood Va</u>	
	MAIDEN NAME OF MOTHER <u>Mary Rule</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Springwood Va</u>	

MEDICAL CERTIFICATE OF DEATH	
3	DATE OF DEATH <u>March 26</u> , 191 <u>2</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>January 4</u> , 191 <u>2</u> , to <u>March 26</u> , 191 <u>2</u> , that I last saw <u>her</u> alive on <u>March 26</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4:30 p.m.</u>	
The CAUSE OF DEATH* was as follows: <u>Cardiac Exhaustion</u> <u>924 (Drapsy)</u> <u>950</u> <u>1068</u> (Duration) yrs. mos. ds.	
Contributory <u>Rheumatism</u> (SECONDARY) (Duration) yrs. mos. ds. <u>4 or 5</u>	
(Signed) <u>G. B. Nichols</u> M. D. <u>March 26</u> (Address) <u>Mokane Mo</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jane Hulman
(ADDRESS) Mokane 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 at place of death

PLACE OF BURIAL OR REMOVAL <u>Middle Iron Creek</u>	DATE OF BURIAL <u>3/27</u> , 191 <u>2</u>
UNDERTAKER <u>J. W. Lytle</u>	ADDRESS <u>Mokane</u>

Filed 3 26, 1912 W. L. Williams
REGISTRAR

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, 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

County Callaway
Township St Aubert
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. 105- File No. _____
Primary Registration District No. 5-15-4 Registered No. 7

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

FULL NAME Mrs. Virginia L. Dalmon

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Nov, 1912
(Month) (Day) (Year)

AGE abt 70 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. _____ or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Springwood Va

NAME OF FATHER Adolph Dickman

BIRTHPLACE OF FATHER (City or town, State or foreign country) Springwood Va

MAIDEN NAME OF MOTHER Mary Aule

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Springwood Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Dalmon
(ADDRESS) Mokane Mo

Filed X 5-9 1912 X W. W. W. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 4, 1912, to Mar 26, 1912, that I last saw her alive on Mar 26, 1912, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:
Cardiac exhaustion
(Dropsy)
Aortic Stenosis X
Bronchitis
Contributory Arteriosclerosis
(SECONDARY) 453 yrs. _____ mos. _____ ds.

(Signed) X B. B. Nichols M. D. X
X 5-8, 1912 (Address) Mokane Mo

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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 Madison Ave DATE OF BURIAL 3/26, 1912

UNDERTAKER J. W. W. W. ADDRESS Mokane

Original file date MAR 26, 1912 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 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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