

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 Clay  
Township Smithville  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Smithville (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 203 File No. 8640  
Primary Registration District No. 4122 Registered No. \_\_\_\_\_

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

FULL NAME Elvie Lucile McMillan

| PERSONAL AND STATISTICAL PARTICULARS  |  |   | MEDICAL CERTIFICATE OF DEATH   |  |
|---|--|---|--|--|
| SEX<br><u>Female</u>  | COLOR OR RACE<br><u>white</u>  | SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)<br><u>Single</u> | DATE OF DEATH<br><u>March 15</u> , 191 <u>2</u><br>(Month) (Day) (Year)  |  |
| DATE OF BIRTH<br><u>Sept 2</u> , 19 <u>05</u><br>(Month) (Day) (Year)   |  |   | I HEREBY CERTIFY, that I attended deceased from <u>Feb 20</u> , 191 <u>2</u> , to <u>March 15</u> , 191 <u>2</u> , that I last saw <u>her</u> alive on <u>March 15</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>2:30</u> p. m. The CAUSE OF DEATH* was as follows:<br><u>Pneumonia</u><br><u>107A</u> |  |
| AGE<br>_____ yrs. <u>6</u> mos. <u>12</u> ds.   |  |   | If LESS than 1 day, _____ hrs. or _____ min.?  |  |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>at home</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br><u>0</u> |  |   | Contributory<br>(Duration) _____ yrs. _____ mos. <u>24</u> ds.   |  |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>Clay Co., Mo.</u>  |  |   | (Signed) <u>R. H. Woods</u> M. D.<br><u>March 15</u> , 191 <u>2</u> (Address) <u>Smithville</u>  |  |
| PARENTS   | NAME OF FATHER<br><u>West M. C. Millan</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 FATHER<br>(City or town, State or foreign country)<br><u>Clay Co., Mo.</u> |   | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)   |  |
|   | MAIDEN NAME OF MOTHER<br><u>Temperance A. Orrington</u>                                  |   | At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.   |  |
|   | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Clay Co., Mo.</u> |   | Where was disease contracted if not at place of death?<br>Former or usual residence _____  |  |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>West M. C. Millan</u><br>(ADDRESS) <u>Smithville, Mo.</u>   |  |   | PLACE OF BURIAL OR REMOVAL<br><u>S. G. B. Cem.</u><br>DATE OF BURIAL<br><u>3-16</u> , 191 <u>2</u>   |  |
| Filed <u>March 15</u> , 191 <u>2</u> , <u>R. H. Woods</u><br>REGISTRAR  |  |   | UNDERTAKER<br><u>G. F. Rollins</u><br>ADDRESS<br><u>Smithville</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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

*Clay*

County \_\_\_\_\_

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City *Smithville* (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. *203*

File No. *8640*

Primary Registration District No. *4122*

Registered No. *11*

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

FULL NAME

*Dixie Lucile McMillan*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *F* COLOR OR RACE *w* SINGLE MARRIED WIDOWED OR DIVORCED *S*  
(If His the word)

DATE OF DEATH *Mar 15*, 191*2*  
(Month) (Day) (Year)

DATE OF BIRTH *Spt 2*, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Mar 20*, 1912, to *Mar 15*, 1912, that last saw her alive on *Mar 15*, 1912, and that death occurred, on the date stated above, at *2 P* m.

AGE *6* yrs. *13* mos. *13* ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
*at Home Pneumonia*  
*Bronchial*  
(Duration) \_\_\_ yrs. \_\_\_ mos. *24* ds.

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

BIRTHPLACE (City or town, State or foreign country) *Clay Co Mo*

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

NAME OF FATHER *West McMillan*

BIRTHPLACE OF FATHER (City or town, State or foreign country) *Clay Co Mo*

MAIDEN NAME OF MOTHER *Telephance Harrington*

BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Clay Co Mo*

(Signed) *R. J. Woods* M. D. *Smithville*, 1912 (Address) *Smithville Mo*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *West McMillan*

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 \_\_\_\_\_

(ADDRESS) *Smithville Mo*

PLACE OF BURIAL OR REMOVAL *Old Fellows Cen* DATE OF BURIAL *3/16*, 1912

Filed *3/15*, 1912. *R. J. Woods* REGISTRAR

UNDERTAKER *L. F. Rollins* ADDRESS *Smithville Mo*

REGISTRARS should state attention is very important. Error in statement of OCCASION should be properly stated.

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