

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		MISSOURI STATE BOARD OF HEALTH	
County <u>Douglas</u>		BUREAU OF VITAL STATISTICS	
Township <u>Patterson</u>		Registration District No. <u>254</u>	File No. <u>8761</u>
Village <u>Patterson</u>		Primary Registration District No. <u>4134</u>	Registered No. _____
City _____ (NO. _____)		St. _____ Ward _____	
FULL NAME <u>Ellen Bleckitt</u>			
[If death occurred in a hospital or institution, give its NAME instead of street and number]			

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>March 18</u> , 191 <u>2</u> (Month) (Day) (Year)
DATE OF BIRTH <u>June 13</u> , 18 <u>64</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>March 1</u> , 191 <u>1</u> , to <u>March 18</u> , 191 <u>2</u> , that I last saw <u>her</u> alive on <u>March 18</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>7 P.</u> m.	
AGE <u>47</u> yrs. <u>9</u> mos. <u>5</u> ds.	IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Tuberculosis of Lungs</u> <u>237</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Home wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		Duration) <u>1</u> yrs. <u>2</u> mos. <u>2</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>		Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>William Bleckitt</u>	(Signed) <u>Frank Hedges</u> M. D. <u>March 19</u> , 191 <u>2</u> (Address) <u>Patterson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>	*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Carrie Jane Horro</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>	Where was disease contracted if not at place of death? Usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lula Beckitt</u>		PLACE OF BURIAL OR REMOVAL <u>007</u>	
(ADDRESS) <u>Patterson</u>		DATE OF BURIAL <u>3/19</u> , 191 <u>2</u>	
Filed <u>Mar 19</u> , 191 <u>2</u>	REGISTRAR	UNDERTAKER <u>W. Y. Ellis</u>	ADDRESS <u>Patterson</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*, *peritonaeum*, 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.)

4-Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Davess

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

Township _____

Registration District No. 254

File No. 8761

or Village Pattensburg

Primary Registration District No. 415-4

Registered No. 6

or City _____

(No. _____ St. _____ Ward _____)

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

FULL NAME

Ella Becker

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 15, 1864
(Month) (Day) (Year)

AGE 47 yrs. 9 mos. 3 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)

PARENTS
NAME OF FATHER Wm Blair Ruship
BIRTHPLACE OF FATHER Ky
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Colgate Jane Horner
BIRTHPLACE OF MOTHER Ky
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lula Beckett

(ADDRESS) Pattensburg

Filed X 3/29 1912 Jno. F. Foster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 1, 1912, to Mar 18, 1912, that I last saw her alive on Mar 18, 1912, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
tuberculosis of Lungs
(Duration) 1 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) _____
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Frank Fedges M. D.
3/18, 1912 (Address) Pattensburg

*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 W. C. F. Cem DATE OF BURIAL 3/19 1912

UNDERTAKER W. G. Ellis ADDRESS Pattensburg

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