

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 Pike
Township _____ or Village _____ or City Bowling Green (NO. _____ St. _____ Ward _____)
Registration District No. 684 File No. 10500
Primary Registration District No. 4408 Registered No. 11
FULL NAME Laura A. Stroup
[If death occurred in a hospital or institution, give its NAME instead of street and number]

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>July 29, 1846</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>7</u> mos. <u>22</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		
BIRTHPLACE (City or town, State and foreign country) <u>Weston Mo.</u>		
PARENTS	NAME OF FATHER <u>John B. Wells</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky.</u>	
	MAIDEN NAME OF MOTHER <u>Pelitha C. Davis</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George J. Blair
(ADDRESS) Wellsville Mo.
Filed Mar 23rd 1912. Joyles Steele
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
March 21, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 16th, 1912, to March 21st, 1912, that I last saw her alive on March 21st, 1912, and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:
Appendicular Abscess
12/1 B
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) G. W. Zinsley M. D.
March 22nd 1912 (Address) Bowling Green 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 <u>Bowling Green Cemetery</u>	DATE OF BURIAL <u>Mar 22nd</u> 1912
UNDERTAKER <u>Halter E. Moore</u>	ADDRESS <u>Bowling Green Mo.</u>

States Standard Certificate of Death

U. S. Census and American Public Health
Association]

occupation.—Precise statement of occupation, important, so that the relative health and pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many of the industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an example is provided for the latter statement; it is only when needed. As examples: (a) *Grain mill*; (b) *Salesman*, (c) *Grocery*; (d) *Automobile factory*. The material part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Iron laborer*, *Laborer—Coal mine*, etc., who are engaged in the duties of the occupation, not paid *Housekeepers* who receive a salary may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, *At home*. Care should be taken to restate the occupations of persons engaged in the occupation has been changed or given in the DISEASE CAUSING DEATH, state occurring of illness. If retired from business may be indicated thus: *Farmer (retired)*. For persons who have no occupation *None*.

cause of death.—Name, first, the DEATH (the primary affection with remote causation), using always the same word or the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "throat fever" never report "Typhoid Lobar pneumonia"; *Bronchopneumonia* unqualified, is indefinite); *Tuberculosis of lungs, 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.)

