

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 Phillips
Township Roubidoux
or
Village
or
City (NO. St. Ward)
Registration District No. 713 File No. 10583
Primary Registration District No. 3794 Registered No.
FULL NAME Bella E. Coby

(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 1, 1912</u> (Month) (Day) (Year)
DATE OF BIRTH <u>March 29, 1859</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>January 14, 1912, to March 1, 1912,</u> that I last saw her alive on <u>March 1, 1912,</u> and that death occurred, on the date stated above, at <u>4 a.m.</u>	
AGE <u>53</u> yrs. <u>11</u> mos. <u>1</u> da.		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>g-o</u>		The CAUSE OF DEATH* was as follows: <u>2. Tuberculosis</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Laclede Co. Mo.</u>		(Duration) <u>3</u> yrs. <u>2</u> mos. — ds.	
PARENTS	NAME OF FATHER <u>Chas. McElroy</u>	Contributory (SECONDARY) (Duration) — yrs. — mos. — ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>	(Signed) <u>L. A. Hartley</u> M. D.	
	MAIDEN NAME OF MOTHER <u>unknown</u>	<u>March 2, 1912</u> (Address) <u>Neto of Mo.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Chas. G. Coby</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.	
(ADDRESS) <u>Cookville, Mo.</u>		Where was disease contracted if not at place of death? <u>at place of death</u>	
Filed <u>3-6</u> 1912 <u>R. E. Howlett</u> REGISTRAR		Former or usual residence ☒	
		PLACE OF BURIAL OR REMOVAL <u>St. Anne Cemetery</u>	DATE OF BURIAL <u>March 2, 1912</u>
		UNDERTAKER <u>Louis Fisher</u>	ADDRESS <u>Blondland, 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.)



PLACE OF DEATH

County Pulaski
 Township Roubidoux
 or
 Village _____
 or
 City _____ (No. _____ St. _____ Ward _____)

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

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 715 File No. 10583
 Primary Registration District No. 5944 Registered No. _____

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

FULL NAME

Betta E. Cady.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 29, 1859
 (Month) (Day) (Year)

AGE 53 yrs. 11 mos. 1 ds. If LESS than
 1 day, _____ hrs. or _____ min.

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) Laclede Co. Mo.

PARENTS

NAME OF
 FATHER Ob. M. Cady

BIRTHPLACE
 OF FATHER Virginia

MAIDEN NAME
 OF MOTHER Unknown

BIRTHPLACE
 OF MOTHER "

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. A. Cady

(ADDRESS) Cookville Mo.

Filed Apr. 9, 1912 RE Howell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Jan. 14, 1912, to Mar. 1, 1912,
 that I last saw h. alive on " ", 1912.

and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 3 yrs. 2 mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) D. H. Foster M. D.

1912 (Address) W. A. Cady

*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? at place of death

Former or
 usual residence _____

PLACE OF BURIAL OR REMOVAL

St. Anne Cem.

DATE OF BURIAL

3/2, 1912

UNDERTAKER

Louis Fisher

ADDRESS

Bloodland Mo.

Original file, date _____, 19____

All information called for must be written on this Supplementary Certificate.

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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.)