

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

PLACE OF DEATH

County St. Genevieve

Township _____

or _____

Village _____

or _____

City St Mary (NO. _____)

Registration District No. 781

File No. 10794

Primary Registration District No. 627

Registered No. 5

St. Sixth 4467 St. Second Ward

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

FULL NAME Emeline Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE negr SINGLE Yes MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH July 17, 1882
(Month) (Day) (Year)

AGE 29 yrs. 7 mos. 7 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work House work
(b) General nature of business, or establishment which employed (or was employed by) 9-33

BIRTHPLACE (City or town, State or foreign country) St Genevieve Co MO

NAME OF FATHER Sam Smith

BIRTHPLACE OF FATHER (City or town, State or foreign country) St Genevieve Co MO

MAIDEN NAME OF MOTHER Mahinda Burrough

BIRTHPLACE OF MOTHER (City or town, State or foreign country) St Genevieve Co MO

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jess Clark

(ADDRESS) St Mary MO

Filed March 25, 1912 J. G. Wilkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 20, 1912, to March 24, 1912, that I last saw her alive on March 23, 1912, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
10%
AN
(Duration) ___ yrs. ___ mos. 9 ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. M. Shirley M. D. March 24, 1912 (Address) St Mary

*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 St Mary City Cemetery DATE OF BURIAL March 25, 1912

UNDERTAKER J. G. Wilkins ADDRESS _____

WRITE LEGIBLY, 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.

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

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

County

St. Genevieve

Township

or

Village

or

City

St. Mary

Registration District No.

781

File No.

10794

Primary Registration District No.

4467

Registered No.

5

(No.

St.:

Ward)

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

FULL NAME

Emeline Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

COLOR OR RACE

*B.*SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)*S*

DATE OF BIRTH

July 17, 1882

(Month)

(Day)

(Year)

AGE

*29 yrs 7 mos 7 ds.*If LESS than
1 day, hrs.
or mins.

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)

St. Genevieve Mo

PARENTS

NAME OF FATHER

*Samuel Smith*BIRTHPLACE OF FATHER
(City or town, State or foreign country)*St. Genevieve Mo*

MAIDEN NAME OF MOTHER

*Frederica Benson*BIRTHPLACE OF MOTHER
(City or town, State or foreign country)*St. Genevieve Mo*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jes Clark

(ADDRESS)

St. Mary Mo

FILED

*May 10 1912**J. A. Willard*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mar 24, 1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

*Mar 20, 1912, to Mar 24, 1912*that I last saw him alive on *Mar 23, 1912*and that death occurred, on the date stated above, at *9:30 a.m.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(Duration) yrs. mos. *9 ds.*

Contributory

(SECONDARY)

(Duration) yrs. mos. *ds.*

(Signed)

J. M. Shirley

M. D.

(Address) *St. Mary*

*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

DATE OF BURIAL

*St. Mary Cem**Mar 25, 1912*

UNDERTAKER

ADDRESS

*None**X*Original file, date *MAR 1912*

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

MARGIN RESEAL - THIS IS A F. 1A UNIT REG.

S. No. 2.

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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.)