

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 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Stoddard</i>	Registration District No.	<i>840</i>	File No. <i>12106-a</i>
Township	<i>Dunk Creek</i>	Primary Registration District No.	<i>8102</i>	Registered No. _____
or Village	_____	(NO. _____ St. _____ Ward)	_____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City	_____	_____	_____	_____
FULL NAME		<i>Joseda Waller</i>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<i>Female</i>	<i>White</i>		<i>March 19-15</i> , 191 <i>2</i>	
DATE OF BIRTH		(Month) (Day) (Year)		
<i>Aug 10</i> , 1911				
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?		
<i>7 mos. -</i>				
OCCUPATION		The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work _____		<i>Congestion of Lungs</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		<i>11:15 AM</i>		
BIRTHPLACE (City or town, State or foreign country)		Contributory (SECONDARY)		
<i>Near Puxico mo</i>		<i>11:15 AM</i>		
PARENTS	NAME OF FATHER	(Duration) ___ yrs. ___ mos. ___ ds.		
	<i>M A Waller</i>			
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	(Signed) <i>L Burns</i> M. D.		
	<i>Stoddard mo</i>	<i>March 20, 1912</i> (Address) <i>Puxico</i>		
MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
<i>Hannah Kirk</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
<i>Stoddard mo</i>	Where was disease contracted if not at place of death? _____			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Former or usual residence _____		
(Informant) <i>J W, Clifford</i>		PLACE OF BURIAL OR REMOVAL		
(ADDRESS)		<i>Clearcut Grove</i>		
FILED <i>March 20 1912</i>		DATE OF BURIAL <i>3-22 1912</i>		
<i>L Burns</i> REGISTRAR		UNDERTAKER <i>J A Hickman Puxico Mo</i>		

# 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*, *Compositor*, *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.)

HUGH STEPHENS, JEFFERSON CITY.



THIS IS A PERMANENT RECORD

PLACE OF DEATH

County Stoddard  
Township Duck Creek  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

REGISTRARS SHALL NOT RECEIVE 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. 840 File No. 12106-a  
Primary Registration District No. 6102 Registered No. \_\_\_\_\_

FULL NAME

Joseda Waller

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug. 10, 1911  
(Month) (Day) (Year)

AGE 7 mos.  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

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) near Puyallup, W. Va.

NAME OF FATHER M. A. Waller

BIRTHPLACE OF FATHER (City or town, State or foreign country) Stoddard Co. Mo.

MAIDEN NAME OF MOTHER Nargnah Kirk

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Stoddard Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. W. Leifford

(ADDRESS) \_\_\_\_\_

Filed March 19 1912 L. Burris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 19, 1912, to March 19, 1912, that I last saw h-u alive on \_\_\_\_\_, 1912, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Congestion of Lungs.  
I dont know what to call it  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) L. Burris M. D. March 20 1912 (Address) Puyallup

\*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 Pleasant Grove DATE OF BURIAL 3 22 1912

UNDERTAKER J. A. Nickman ADDRESS Puyallup Mo.

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

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