

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <i>April 11</i> , 191 <i>2</i> (Month) (Day) (Year)	
DATE OF BIRTH <i>none</i> <i>20</i> , 191 <i>1</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>April 10</i> , 191 <i>2</i> , to <i>April 11</i> , 191 <i>2</i> , that I last saw her alive on <i>April 10</i> , 191 <i>2</i> , and that death occurred, on the date stated above, at <i>10 9</i> m.	
AGE <i>4</i> yrs. <i>21</i> mos. <i>21</i> ds.			The CAUSE OF DEATH* was as follows: <i>Cerebrospinal meningitis</i>	
OCCUPATION (a) Trade, profession, or particular kind of work <i>none</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>none</i>			24/11 <i>30</i> (Duration) yrs. mos. <i>6</i> ds. Contagious (SECONDARY) (Duration) yrs. mos. ds. (Signed) <i>J. M. Peirman</i> M. D. <i>4/11</i> 191 <i>2</i> (Address) <i>Jenkins</i>	
BIRTHPLACE (City or town, State or foreign country) <i>Cato</i>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <i>John Barrett</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Ky</i>		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	MAIDEN NAME OF MOTHER <i>Minnie Bowen</i>		Where was disease contracted If not at place of death?	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Orla</i>		Former or usual residence	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Jamie Barrett</i> (ADDRESS) <i>Cato</i>			PLACE OF BURIAL OR REMOVAL <i>Harlie Lindsey</i> DATE OF BURIAL <i>4/11</i> 191 <i>2</i>	
Filed <i>4/11</i> 191 <i>2</i> <i>J. M. Peirman</i> REGISTRAR			UNDERTAKER <i>Henson & Hagler</i> ADDRESS <i>Cato</i>	

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

PLACE OF DEATH
County *Barry*
Township *Jenkins* or Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. *973* File No. *12379*
Primary Registration District No. *5048* Registered No. _____

FULL NAME *Genada Debra Barrett*

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

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*, *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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Barry
 Township Juchters
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

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

Registration District No. 973 File No. 12379
 Primary Registration District No. 5048 Registered No. _____

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

FULL NAME Guada Delena Barrett

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Nov. 20, 111
(Month) (Day) (Year)

AGE _____ If LESS than 1 day, _____ hrs. _____ min. or _____ yrs. 4 mos. 21 ds.

OCCUPATION
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
 (City or town, State or foreign country) Cato

PARENTS
 NAME OF FATHER John Barrett
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Okla.
 MAIDEN NAME OF MOTHER Magie Brown
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Okla.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Barrett
 (ADDRESS) Cato Mo.

Filed April 11, 1912 J. M. Peirson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 10, 1912, to Apr. 11, 1912, that I last saw her alive on Apr. 10, 1912, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral spinal meningitis
Tubercular (as tubercular)
is a family characteristic
 (Duration) _____ yrs. _____ mos. 6 ds.

Contributory
 (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. M. Peirson M. D.
Apr. 11, 1912 (Address) Okla.

*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 Hailer's Cemetery DATE OF BURIAL Apr. 11, 1912
 UNDERTAKER Huson & Hagler ADDRESS Cato Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)