

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

PLACE OF DEATH

County Bates
Township _____
or
Village Amsterdam
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 49 X File No. 12407
Primary Registration District No. 4029 Registered No. 15

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

FULL NAME Minnie Archer

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct. 9 1879
(Month) (Day) (Year)

AGE 32 yrs. 5 mos. 24 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) g-o

BIRTHPLACE (City or town, State or foreign country) Bates Co. Mo.

PARENTS
NAME OF FATHER Thomas C. Robinson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Stark Co. Ohio
MAIDEN NAME OF MOTHER Elarra E. Eversole
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Athens Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. G. Robinson, M.D.
(ADDRESS) Amsterdam

Filed April 18 1912 J. S. Gandy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov-6, 1911, to April 3, 1912, that I last saw her alive on " 3 ", 1912, and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:
Acute nephritis
130 119
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. G. Robinson M. D.
April 3 1912 (Address) Amsterdam

*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 32 yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted (if not at place of death?) Amsterdam Mo.
Former or usual residence Amsterdam Mo.

PLACE OF BURIAL OR REMOVAL Mulberry Cem. DATE OF BURIAL April 4 1912
UNDERTAKER J. V. Knight ADDRESS Adrian Mo.

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.

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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.)



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 Bates
 Township West Point
 or Village Amsterdam
 or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 48 File No. 2-2407
 Primary Registration District No. 4028 Registered No. 15

Full Name Minnie A. Archer

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH Oct 9th 1879
(Month) (Day) (Year)

AGE 32 yrs. 5 mos. 24 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 511

BIRTHPLACE (City or town, State or foreign country) Bates Co Mo

PARENTS
 NAME OF FATHER Thomas C. Robinson
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Stark Co Ohio
 MAIDEN NAME OF MOTHER Clara E. Evers
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Delaware Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) F. G. Robinson M. D.
 (ADDRESS) Amsterdam

Filed April 4, 1912 J. A. Com REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 6th, 1911, to April 3, 1912, that I last saw her alive on April 3, 1912, and that death occurred, on the date stated above, at 7459.
 The CAUSE OF DEATH* was as follows:
acute nephritis
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) F. G. Robinson M. D.
(Address) Amsterdam

*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 32 yrs. ___ mos. ___ ds. In the State 2 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Delaware Mo
 Former or usual residence Amsterdam Mo

PLACE OF BURIAL OR REMOVAL Mulberry Cemetery DATE OF BURIAL 4/4/1912
 UNDERTAKER J. V. Knight ADDRESS Adrian Mo

Revised United States Standard Certificate of Death

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

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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.)

JAN 28 1916

