

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

PLACE OF DEATH

 County Benton
 Township Alexander Registration District No. 62 File No. 12441
 or
 Village _____ Primary Registration District No. 5098 Registered No. 14
 or
 City _____ (NO. _____) St. _____ Ward _____

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

 FULL NAME Thelma Grantham

PERSONAL AND STATISTICAL PARTICULARS

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

 DATE OF BIRTH May 21, 1909
 (Month) (Day) (Year)

 AGE 2 yrs. 10 mos. 26 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

 OCCUPATION
 (a) Trade, profession, or particular kind of work no occupation
 (b) General nature of industry, business, or establishment in which employed (or employer) 0 - 1221

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

 PARENTS
 NAME OF FATHER J. H. Grantham
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Green Co. Mo
 MAIDEN NAME OF MOTHER Anna M. Grantham
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Green Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Jim Grantham
 (ADDRESS) Quincy Mo R.R. 1

 Filed April 18, 1912 Marion Pillon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH Apr 17, 1912
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from April 3rd, 1912, to April 17, 1912, that I last saw her alive on April 15, 1912, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Catarah of stomache caused by eating hard corn forming mechanical obstruction of bowels
 (Duration) ___ yrs. ___ mos. 14 ds.

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

 (Signed) G. H. Hood M. D.
Apr 17, 1912 (Address) Geonium Mo

*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 Shiloh Cemetery DATE OF BURIAL Apr 18, 1912

 UNDERTAKER X ADDRESS X

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

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

County Benton
 Township Alexander
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 62 File No. 12441
 Primary Registration District No. 5098 Registered No. 14

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

FULL NAME Helena Grantham

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S
 DATE OF BIRTH May 21, 1909
 (Month) (Day) (Year)
 AGE 2 yrs. 10 mos. 26 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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) Wichita, Kas Mo

PARENTS
 NAME OF FATHER J. N. Grantham
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Green Co Mo
 MAIDEN NAME OF MOTHER Walter Murray
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Green Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. M. Grantham
 (ADDRESS) Bentonville Mo.

Filed June 28, 1912 Marion Dill
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 17, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 13, 1912, to April 17, 1912, that I last saw her alive on April 15, 1912, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:
Cataract of stomach caused by eating spoiled corn causing mechanical obstruction of bowels.
 (Duration) _____ yrs. _____ mos. 14 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) G. W. Wood M. D.
April 18, 1912 (Address) Jemin Mo.

*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 Shelby Cemetery DATE OF BURIAL Apr. 18, 1912
 UNDERTAKER Wm. Steel ADDRESS Bentonville 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.)