

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 Jackson  
Township W. Osage  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 206 File No. 13351  
Primary Registration District No. 5552 Registered No. 6

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

FULL NAME Alta Rose

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single

DATE OF BIRTH Aug 24, 1904  
(Month) (Day) (Year)

AGE 8 yrs. 8 mos. ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) - O

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

PARENTS  
NAME OF FATHER James Rose  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ray Co. Mo.  
MAIDEN NAME OF MOTHER Lelia Train  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ray Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Rose  
(ADDRESS) Sibley Mo

Filed April 7, 1912 N. D. Rowenscroft  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 16, 1912, to March 21, 1912, that I last saw him alive on March 20, 1912, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH\* was as follows:  
Cerebro spinal meningitis

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

(Signed) N. D. Rowenscroft M. D.  
April 7, 1912 (Address) Becker 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 8 yrs. 8 mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence Same

PLACE OF BURIAL OR REMOVAL Sibley DATE OF BURIAL March 22, 1912

UNDERTAKER Chas Hartman ADDRESS Becker Mo

# 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.)



RE PLAINLY, WITH UNFADING INK—THE 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 Jackson  
Township Ft. Osage  
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. 396 File No. 13351  
Primary Registration District No. 5552 Registered No. 6

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

FULL NAME Alta Bone

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F.</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>S.</u>
DATE OF BIRTH <u>Aug. 24</u> , 19 <u>04</u> (Month) (Day) (Year)		
AGE <u>8</u> yrs. <u>8</u> mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>"</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Sibley Mo.</u>		
PARENTS	NAME OF FATHER <u>James Bone</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ray Co. Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Deba Jain</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ray Co. Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>James Bone</u> <u>Sibley Mo.</u> (ADDRESS)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 16, 1912, to March 21, 1912, that I last saw her alive on 4. 20, 1912, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH\* was as follows:  
Cerebro. Spinal Meningitis  
Epidemic

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

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

(Signed) N. D. Rausser M. D.  
Whit, 1912 (Address) Buckner 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 8 yrs. 8 mos. \_\_\_\_\_ ds. State 8 yrs. 8 mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence Same

PLACE OF BURIAL OR REMOVAL <u>Sibley</u>	DATE OF BURIAL <u>Mar. 22</u> , 191 <u>2</u>
UNDERTAKER <u>Chas. Hutchon</u>	ADDRESS <u>Buckner Mo.</u>

Filed April 2, 1912 N. D. Rausser  
REGISTRAR

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Association]

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