

MARGIN RESERVED FOR BRIDGING

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 LacledeTownship Eldridge Moor Eldridge MoVillage Eldridge Mo

or \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_)

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 451File No. 14016Primary Registration District No. 5616Registered No. 1

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Rebecca Poynter

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
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## DATE OF BIRTH

October 17, 1875  
(Month) (Day) (Year)

## AGE

37 yrs. 7 mos. 10 ds.  
or 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) Housewife

## BIRTHPLACE

(City or town, State or foreign country) Laclede County MoPARENTS  
NAME OF FATHER John M BredloveBIRTHPLACE OF FATHER (City or town, State or foreign country) TennesseeMAIDEN NAME OF MOTHER Edw ArnoldBIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) l Poynter(ADDRESS) Eldridge MoFiled April 1, 1912, l Poynter  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

March 11, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 11, 1912, to March 11, 1912, that I last saw her alive on March 11, 1912, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH\* was as follows: 179c

unknown  
I suppose it to be strychnine poison  
30 minutes (Duration) 1 yrs. 0 mos. 0 ds.

## Contributory

(SECONDARY) 30 minutes (Duration) 1 yrs. 0 mos. 0 ds.(Signed) l Poynter M. D.  
April 1, 1912 (Address) Eldridge 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

Bowls Graveyard

## DATE OF BURIAL

March 13, 1912

## UNDERTAKER

J B Hickman

## ADDRESS

Lebanon 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*, *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, 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.)



## PLACE OF DEATH

County Laclede

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

Township Eldridge Mo.Registration District No. 451 File No. 14016

Village \_\_\_\_\_

Primary Registration District No. 5616 Registered No. 1

City \_\_\_\_\_ (NO. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

## FULL NAME

Rebecca Poynter.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED M.  
(Write the word)DATE OF BIRTH October 17, 1875  
(Month) (Day) (Year)AGE 37 yrs. 7 mos. 10 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ mins.OCCUPATION  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_BIRTHPLACE  
(City or town, State or foreign country) Laclede Co. Mo.PARENTS NAME OF FATHER John B. BreedloveBIRTHPLACE OF FATHER TennesseeMAIDEN NAME OF MOTHER Edy ArnoldBIRTHPLACE OF MOTHER Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) l. L. Poynter(ADDRESS) Eldridge Mo.Filed 4/5/1912 l. L. Poynter REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11, 1912  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from March 11, 1912, to March 11, 1912, that I last saw her alive on March 11, 1912, and that death occurred, on the date stated above, at 12 noon.The CAUSE OF DEATH\* was as follows:  
Unknown - I suppose it to be  
strychnine poisoning.30 minutes (Duration) yrs. \_\_\_ mos. \_\_\_ ds.Contributory  
(SECONDARY) 30 minutes (Duration) yrs. \_\_\_ mos. \_\_\_ ds.(Signed) l. L. Poynter M. D.  
Mar. 11, 1912 (Address) Eldridge Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

Former or usual residence. \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Bowls graveyard DATE OF BURIAL Mar. 13, 1912UNDERTAKER J. B. Nickman ADDRESS Sabanon Mo.

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