

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

PLACE OF DEATH  
County Pike  
Township Plewo  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 688 File No. 14561  
Primary Registration District No. 5916 Registered No. 15

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

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE Wh SINGLE Single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH Feb 16, 1912  
(Month) (Day) (Year)

AGE 23 yrs. 2 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

NAME OF FATHER J. N. Jones

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill

MAIDEN NAME OF MOTHER Veria Lison

BIRTHPLACE OF MOTHER (City or town, State or foreign country) mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. Jones  
(ADDRESS) FRANKFORD, MO.

APR 20 1912 1912 J. J. Kennedy  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 15, 1912, to Apr 18, 1912, that I last saw her alive on Apr 18, 1912, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH\* was as follows:  
Murkison

157 C  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory Patulous foramen  
(SECONDARY) ovule  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
APR 20 1912 1912 FRANKFORD, MO.  
(Address)

\*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 FRANKFORD, MO. DATE OF BURIAL APR 20 1912 1912

UNDERTAKER L. W. Hensley ADDRESS FRANKFORD, 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 Pike

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

Township PerryRegistration District No. 688File No. 14561

Village \_\_\_\_\_

Primary Registration District No. 5916Registered No. 15

City \_\_\_\_\_

(NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

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

FULL NAME

Edna Hattie Jones

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

F

COLOR OR RACE

W.SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)S.

DATE OF DEATH

Apr 19, 1912

(Month)

(Day)

(Year)

DATE OF BIRTH

Feb. 16, 1912

(Month)

(Day)

(Year)

AGE

2 yrs. 3 mos. 3 ds.If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?I HEREBY CERTIFY, that I attended deceased from Apr 15, 1912, to Apr 18, 1912, that I last saw her alive on Apr 18, 1912, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH\* was as follows:

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)

Mo.

NAME OF FATHER

J. M. Jones

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Mo. Frankford

MAIDEN NAME OF MOTHER

Gera Sisson

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Jones(ADDRESS) Frankford Mo.

Contributory

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

Fatulus foramen

(SECONDARY)

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

(Signatures)

J. J. Kennedy M. D.FRANKFORD, Mo.4/20 1912 (Address)

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Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Frankford Mo.

DATE OF BURIAL

Apr 20, 1912

UNDERTAKER

L. W. Husley

ADDRESS

Frankford Mo.

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J. J. Kennedy REGISTRAR

Original file, date

19

All information called for must be written on this Supplementary Certificate.

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

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