

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Shannon</i>		Registration District No.	<i>1077</i>
Township	<i>Springvale</i>		File No.	<i>15857</i>
or Village	<i>Springvale</i>		Primary Registration District No.	<i>6086</i>
or City	(No. _____)	St. _____	Registered No.	<i>104</i>
FULL NAME			<i>Jennie Penn.</i>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<i>Girl</i>	<i>white</i>		<i>April 12, 1912</i> (Month) (Day) (Year)	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
<i>February 12, 1912</i> (Month) (Day) (Year)			<i>April 6, 1912, to April 12, 1912,</i>	
AGE			that I last saw her alive on <i>April 12, 1912,</i>	
<i>1 yrs. 2 mos. + ds.</i>			and that death occurred, on the date stated above, at <i>2 P. M.</i>	
OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work _____			<i>Subal Spinal Meningitis</i>	
(b) General nature of industry, business, or establishment in which employed (or employer) _____			<i>24 hr</i>	
BIRTHPLACE			(Duration) _____ yrs. _____ mos. _____ ds.	
(City or town, State or foreign country) <i>Emmance Mo</i>			Contributory <i>See card</i>	
PARENTS	NAME OF FATHER		(Duration) _____ yrs. _____ mos. _____ ds.	
	<i>Frank Penn</i>		(Signed) <i>A T Michael</i> M. D.	
	BIRTHPLACE OF FATHER		_____ 191_____ (Address) <i>Angelen Mo</i>	
	(City or town, State or foreign country) <i>Paducah Mo</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
<i>Siva Wilson</i>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE OF MOTHER		Where was disease contracted if not at place of death? <i>at Place of death</i>		
(City or town, State or foreign country) <i>Paducah Mo</i>		Former or usual residence <i>usual residence</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <i>Frank Penn</i>				
(ADDRESS) <i>Angeline Mo</i>				
Filed <i>April 24, 1912</i>			REGISTRAR <i>J. H. Waller</i>	
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL	
<i>Paducah Mo</i>			<i>April 14, 1912</i>	
UNDERTAKER			ADDRESS	
<i>James Wilson</i>			<i>Angelen</i>	

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 septichaemia," "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.)



BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

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

PLACE OF DEATH
 County Shannon
 Township Spring Valley
 or
 Village _____
 or
 City _____ (NO. _____) St. _____ Ward _____

Registration District No. 1077 File No. 15957
 Primary Registration District No. 6086 Registered No. 10

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

FULL NAME Jennie Penn

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>Feb 12</u> , 19 <u>12</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>2</u> mos. <u>11</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Apr 12, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 6, 1912, to Apr 12, 1912, that I last saw her alive on Apr 12, 1912, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral spinal meningitis
tuberculous meningitis

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

PARENTS	NAME OF FATHER <u>Frank Penn</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Piedmont, Mo.</u>
	MAIDEN NAME OF MOTHER <u>Leola Wilson</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Piedmont, Mo.</u>

Contributory cold
 (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) M. E. Neal M. D.
Apr 20, 1912 (Address) Angelina

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Frank Penn
 (ADDRESS) Angelina, Mo.

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 _____

FILED Apr 13 1912 J. H. Williams
 REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Piedmont, Mo.</u>	DATE OF BURIAL <u>Apr 18</u> , 19 <u>12</u>
UNDERTAKER <u>Jamies Wilson</u>	ADDRESS <u>Angelina</u>

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THIS IS A PERMANENT RECORD

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