

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  
Cape Girardeau

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

County \_\_\_\_\_

Township \_\_\_\_\_

or Village Whitewater

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

Registration District No. 130

File No. 16448

Primary Registration District No. 4073

Registered No. 9

FULL NAME Nancy E. Cole

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 14, 1850  
(Month) (Day) (Year)

AGE 62 yrs. 5 mos. 5 ds. IF LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-33

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

PARENTS NAME OF FATHER Thomas Proctor  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee  
MAIDEN NAME OF MOTHER Rebecca Brown  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) May Cole  
(ADDRESS) Whitewater, Mo.

Filed May 20, 1912 R. M. Massey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from July, 1910, to May 19, 1912, that I last saw her alive on May 18, 1912, and that death occurred, on the date stated above, at 6 A.M.  
The CAUSE OF DEATH\* was as follows: 132A  
103

Abdominal Ascites

Contributory (SECONDARY) (Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) R. M. Massey M. D. May 20, 1912 (Address) Whitewater, 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 RESIDENCES)  
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 Stoderville Cemetery DATE OF BURIAL May 20, 12 1912

UNDERTAKER J. M. Slagle ADDRESS Whitewater, 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*, *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.)



## PLACE OF DEATH

County Cape Girardeau  
 Township Whitewater  
 or  
 Village Whitewater  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

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Registration District No. \_\_\_\_\_  
 Primary Registration District No. 4073

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

File No. \_\_\_\_\_  
 Registered No. 9

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

FULL NAME Nancy E. Cole

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F.</u>	COLOR OR RACE <u>W.</u>	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>md.</u>
DATE OF BIRTH <u>May 14</u> , 18 <u>50</u> (Month) (Day) (Year)		
AGE <u>62</u> yrs. <u>5</u> mos. <u>5</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>house keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE  
(City or town, State or foreign country)  
Leura Tenn

PARENTS	NAME OF FATHER <u>Thomas Proctor</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>
	MAIDEN NAME OF MOTHER <u>Rebecca Brown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) May Cole

(ADDRESS) White water Mo.

Filed May 19 1921 W. M. Murphy  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
May 19, 1921  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1920, to May 19, 1921, that last saw her alive on May 18, 1921, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH\* was as follows:  
Abdominal Acetis  
Nephritis

(Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Pericarditis  
 (SECONDARY) (Duration) 2 yrs. 6 mos. \_\_\_\_\_ ds.

Signed A. M. Murphy M. D.  
July 9 1921 (Address) Whitewater

\*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  
Stodenville Cem DATE OF BURIAL  
May 20 1921

UNDERTAKER  
J. M. Slagle ADDRESS  
White water Mo.

Original file, date MAY, 1921

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

# Revised United States Standard Certificate of Death

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

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4/11/20