

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	<u>Cedar</u>	Registration District No.	<u>164</u>	File No.	<u>16493</u>
Township	<u>Benton</u>	Primary Registration District No.	<u>5-2-2-9</u>	Registered No.	<u>17</u>
or		City	(NO. _____ St. _____ Ward _____)	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
Village		FULL NAME <u>Marguerite H Smith</u>			
or					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>May</u>	<u>29</u>	<u>1912</u>
DATE OF BIRTH			(Month) (Day) (Year)		
<u>Nov 13, 1902</u>					
AGE			I HEREBY CERTIFY, that I attended deceased from		
<u>9 yrs. 6 mos. 16 ds.</u>			<u>May 28, 1912, to May 29, 1912,</u>		
OCCUPATION			that I last saw her alive on <u>May 29, 1912,</u>		
(a) Trade, profession, or particular kind of work <u>Home Child</u>			and that death occurred, on the date stated above, at <u>10:00 m.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>(D)</u>			The CAUSE OF DEATH* was as follows:		
BIRTHPLACE (City or town, State or foreign country) <u>Kansas</u>			<u>Lobar Pneumonia</u>		
PARENTS	NAME OF FATHER	<u>O. V. Smith</u>	Contributory		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Missouri</u>	(Duration) _____ yrs. _____ mos. _____ ds.		
	MAIDEN NAME OF MOTHER	<u>Huldy M. Dixon</u>	(Signed) <u>A. J. Myralt</u> M. D.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Missouri</u>	<u>May 29, 1912</u> (Address) <u>Jerico Springs</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(Informant) <u>G. V. Smith</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(ADDRESS) <u>Jerico Springs Mo</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
Filed <u>5/29</u> 191 <u>2</u>	REGISTRAR		Where was disease contracted if not at place of death?		
			Former or usual residence.		
			PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
			<u>Cedar Bluff</u>	<u>5/30</u> 191 <u>2</u>	
			UNDERTAKER	ADDRESS	
			<u>Ree Bros</u>	<u>Jerico Springs Mo</u>	

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

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

County CedarTownship Beuton

or

Village _____

or

City _____ (NO. _____)

Registration District No. 164

File No. _____

Primary Registration District No. 5229Registered No. 17

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

FULL NAME: Marquette M Smith

PERSONAL AND STATISTICAL PARTICULARS:

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S.
(Write the word.)

DATE OF BIRTH

Nov. 13, 1902
(Month) (Day) (Year)

AGE

9 yrs. 6 mos. 16 ds.
IF LESS than
1 day, hrs. or min.

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) Kansas

PARENTS

NAME OF FATHER

A. V. Smith

BIRTHPLACE OF FATHER

Mo.

MAIDEN NAME OF MOTHER

Hedgie M. Dixon

BIRTHPLACE OF MOTHER

Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) A. V. Smith(ADDRESS) Jeric Springs Mo.

FILED

May 30, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 29, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 28, 1912, to May 29, 1912, that I last saw her alive on May 29, 1912, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
(Duration) yrs. mos. 1 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. J. Mynatt M. D.May 29, 1912 (Address) Jeric Springs 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

Cedar Bluff

DATE OF BURIAL

May 30, 1912

UNDERTAKER:

Peco Bros.

ADDRESS

Jeric Springs Mo.Original file, date MAY, 1912

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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