

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.

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

PLACE OF DEATH
County Howell
Township _____
or
Village _____
or
City West Plains (NO. _____) St.: _____ Ward _____

Registration District No. 384 File No. 16953
Primary Registration District No. 4237 Registered No. 37

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

FULL NAME Mrs Elizabeth Shelton

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	MARRIAGE <u>Widow</u> WIDOWED (Write the word)
DATE OF BIRTH <u>April 26th 1886</u> (Month) (Day) (Year)		
AGE <u>86</u> yrs. <u>—</u> mos. <u>19</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Franklin Co Georgia</u>		
PARENTS	NAME OF FATHER <u>Marshal Hillbanks</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Do not know</u>	
	MAIDEN NAME OF MOTHER <u>Jane Fuller</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Do not know</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 9, 1912, to May 10, 1912, that I last saw her alive on May 10, 1912, and that death occurred, on the date stated above, at 7⁴⁵ A.M.

The CAUSE OF DEATH* was as follows:
Fracture of Femur at Hip Joint

Contributory old age
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Robert S. Shears M. D.
May 15, 1912 (Address) West Plains

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. L. King
(ADDRESS) West Plains

PLACE OF BURIAL OR REMOVAL Evergreen DATE OF BURIAL May 16, 1912
UNDER-TAKER Marland Nudd ADDRESS West Plains

Filed 5-15-12 1912 D. J. Nichols
By O. P. A. Hunkeler, DTR REGISTRAR

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, meningis, peritonaemum*, 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Howell

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

Township _____

Registration District No. 384File No. 16953

or

Village _____

Primary Registration District No. 4227Registered No. 37

or

City West Plains (NO. _____)

St. _____ Ward _____

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

FULL NAME Mrs Elizabeth Shelton

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

COLOR OR RACE

wSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)wid.

DATE OF BIRTH

Apr. 26, 1826
(Month) (Day) (Year)

AGE

86 yrs. 19 mos. 19 ds.IF 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)

BIRTHPLACE

(City or town, State or foreign country)

Franklin, Ga.

NAME OF FATHER

Marshall Hillbanks

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Wm.

MAIDEN NAME OF MOTHER

Jessie Fulber

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Wm.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. L. King(ADDRESS) West Plains

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 10, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

May 9, 1912, to May 10, 1912,that I last saw her alive on May 10, 1912,and that death occurred, on the date stated above, at 7:48 a.m.

The CAUSE OF DEATH* was as follows:

Fracture of femur at hip jointof long duration of very old age
(Duration) _____ yrs. _____ mos. _____ ds.Contributory old age

(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Robert S. Spears M. D.May 15, 1912 (Address) West Plains, 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

Evergreen

DATE OF BURIAL

May 16, 1912

UNDERTAKER

W. Farland and Co

ADDRESS

West Plains, Mo.Filed 5-15, 1912 by D. J. Nichols REGISTRAROriginal file, date MAY, 1912 All information called for must be written on this Supplementary Certificate.

MARGIN RESERVED FOR BINDING

Should be filled in, so that it may be properly classified. Exact statement of OCCUPATION.

N. - Every GUSKOF

Revised United States Standard Certificate of Death

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

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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.)