

## PLACE OF DEATH

County Jasper

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Carthage (NO. \_\_\_\_\_)Registration District No. 2108File No. 1734+Primary Registration District No. 3020Registered No. 80

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Elmira Turner

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Divorced  
(Write the word)DATE OF BIRTH Nov. 1, 1874  
(Month) (Day) (Year)AGE 37 yrs. 5 mos. 21 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?OCCUPATION  
(a) Trade, profession, or particular kind of work used to keep restaurant  
(b) General nature of industry, business, or establishment in which employed (or employer) not in business at presentBIRTHPLACE  
(City or town, State or foreign country) Newton, Mo. 1880PARENTS  
NAME OF FATHER Archibald Sanford 1798BIRTHPLACE OF FATHER  
(City or town, State or foreign country) WisconsinMAIDEN NAME OF MOTHER Malissa RicknerBIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Jasper Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Allen Sanford(ADDRESS) Carl JunctionFiled May 23 1912 James B. Loyd REGISTRARMISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22, 1912  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 16, 1912, to May 22, 1912, that I last saw her alive on May 22, 1912, and that death occurred, on the date stated above, at 8:7 p.m. The CAUSE OF DEATH\* was as follows:Heart Failure  
Paralysis  
(Duration) yrs. mos. ds.Contributory Chronic catarrh of bowels of stomach  
(Duration) yrs. mos. ds.(Signed) J. B. Thomas M. D.  
May 23 1912 (Address) Carthage 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 Park Cemetery DATE OF BURIAL 2/24 1912UNDERTAKER Wm. L. Linnhart ADDRESS Carthage Mo.

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.

# 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: (d) *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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH  
 County Jasper  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Carthage (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 408 File No. 17344  
 Primary Registration District No. 3020 Registered No. 80

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

FULL NAME Elvina Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W  
 DATE OF BIRTH Nov. 1, 1874 (Month) (Day) (Year)  
 AGE 37 yrs. 5 mos. 21 ds. If LESS than 1 day, hrs. or min.

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

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

PARENTS  
 NAME OF FATHER Archie Danford  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo. Mo.  
 MAIDEN NAME OF MOTHER Margiea Rickner  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jasper La. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Allen Danford  
 (ADDRESS) Carl Junction

Died June 6, 1913 at James J. Lyda REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22, 1913 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from May 16, 1913, to May 22, 1913, that I last saw her alive on May 22, 1913, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH\* was as follows:  
Heart failure, paralysis  
irreparability of strychnine but  
no one was with her or saw her till  
after she was dead  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Chronic catarrhs trache  
 (SECONDARY)  
gastroach (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed J. B. Thomas M. D.  
June 4, 1913 (Address) Carthage 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 Park Cem. DATE OF BURIAL May 24, 1913  
 UNDERTAKER Wm. E. Gierhart ADDRESS Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK—TYPE CLEARLY. AGE should be stated EXACTLY. PHYSICIANS should state fully classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

SUPPLEMENTARY

# 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 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.)