

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

County Lehigh
 Township Lehigh
 or
 Village
 or
 City Canton Mo (NO. _____)

Registration District No. 477Primary Registration District No. 4286File No. 17526Registered No. 16

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

FULL NAME

Elisabeth Barnett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

DATE OF BIRTH March 17, 1850
 (Month) (Day) (Year)

AGE 62 yrs. 1 mos. 16 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Housekeeping (widow)
 (b) General nature of industry, business, or establishment in which employed (or employer) none

BIRTHPLACE
 (City or town, State or foreign country) Lehigh Co Mo

PARENTS
 NAME OF FATHER James Anderson
 BIRTHPLACE OF FATHER Harrison Co Mo
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Martha Ann Spidel
 BIRTHPLACE OF MOTHER Lehigh Co Mo
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. W. A. Rebo(ADDRESS) Canton Mo

Filed

May 19, 1912 C. O. Shanks

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 16, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 14th, 1912, to May 16, 1912, that I last saw her alive on May 16, 1912, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

(Paralysis) Central
 Probably Hemorrhage
 of the Brain.
87H (Duration) ____ yrs. ____ mos. 2 ds.

Contributory Isodipathic
 (SECONDARY) 97 (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) D. W. A. Rebo M. D.
May 17, 1912 (Address) Canton 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 Canton Mo

PLACE OF BURIAL OR REMOVAL

Canton Mo

DATE OF BURIAL

May 18, 1912

UNDERTAKER

B. W. Cutcher

ADDRESS

Canton 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*, *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 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 Lewis

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

Township _____

Registration District No. 477File No. 175216

Village _____

Primary Registration District No. 4286Registered No. 16City Canton Mo (NO. _____)

St. _____ Ward _____

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

FULL NAME Elisabeth Barnett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) md.DATE OF DEATH May 16, 1912
(Month) (Day) (Year)DATE OF BIRTH Mar. 17, 1850
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 14, 1912, to May 16, 1912, that last saw him alive on May 16, 1912, and that death occurred, on the date stated above, at 4 P. m.AGE 62 yrs. 1 mos. 16 ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work house keeping
(b) General nature of industry, business, or establishment in which employed (or employer) _____Paralysis cerebral. Prob
Probably hemorrhage of the
brain. Anterior cerebral
(Duration) _____ yrs. _____ mos. 2 ds.BIRTHPLACE (City or town, State or foreign country) Scotland, Pa.Contributory Idiopathic
(SECONDARY)NAME OF FATHER James Anderson(Signed) Dr. W. A. Rebo M. D. XBIRTHPLACE OF FATHER (City or town, State or foreign country) Le. Pa.(Address) Canton Mo.MAIDEN NAME OF MOTHER Katherine Ann Spidle

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wm.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. M. A. ReboAt place of death _____ yrs. _____ mos. _____ ds. In the 40 yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence Canton Mo.(ADDRESS) Canton Mo.PLACE OF BURIAL OR REMOVAL Canton Mo. DATE OF BURIAL May 18, 1912Filed May 19, 1912 by C. I. Shanks REGISTRARUNDERTAKER Jerome B. McEntee ADDRESS Canton Mo.Original file, date MAY, 1912 All information called for must be written on this Supplementary Certificate.

It should be stated EXACTLY. PHYSICIAN verified. Exact statement of OCCUPATION

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.)