

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.

maiden of mother, same as that of father.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County <u>Pelliss</u>	Registration District No. <u>668</u>	File No. <u>17860</u>	
Township _____ or Village _____	Primary Registration District No. <u>3032</u>	Registered No. <u>111</u>	
City <u>Sedalia</u>	(NO. <u>810 East 5</u> )	St. _____ Ward _____	(If death occurred in a hospital or institution give its NAME instead of street and number)
FULL NAME <u>Jennie Wheeler</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	DATE OF DEATH <u>May 1</u> , 191 <u>2</u>	
SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Married</u>		(Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 28</u> , 18 <u>84</u>		I HEREBY CERTIFY, that I attended deceased from <u>Apr. 1</u> , 191 <u>2</u> , to <u>May 1</u> , 191 <u>2</u> , that I last saw her alive on <u>Apr. 30</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4 a.</u> m.	
AGE <u>65</u> yrs. <u>8</u> mos. <u>3</u> ds.	IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Splenio. carcinoma</u> <u>53E</u> <u>131</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u>		(Duration) <u>3</u> yrs. <u>1</u> mos. <u>?</u> ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>At Home</u>		Contributory <u>Chronic intestinal nephritis</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		(SECONDARY) <u>Probably</u>	
PARENTS	NAME OF FATHER <u>Stephen Bush</u>	(Duration) <u>2</u> yrs. <u>8</u> mos. <u>3</u> ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>don't know</u>	(Signed) <u>Chas. Wheeler</u> M. D.	
	MAIDEN NAME OF MOTHER <u>Jennie Bush</u>	<u>May 1</u> , 191 <u>2</u> (Address) <u>Sedalia Mo.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(Informant) <u>Clara Wheeler</u>	At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
(ADDRESS) <u>Sedalia Mo.</u>	Where was disease contracted if not at place of death? _____		
Filed <u>May 1</u> , 191 <u>2</u> , <u>Lucy K. Hays</u> REGISTRAR	Former or usual residence _____		
<u>Bess Hays</u> Deputy.	PLACE OF BURIAL OR REMOVAL <u>Providence</u>		DATE OF BURIAL <u>May 2</u> , 191 <u>2</u>
	UNDERTAKER <u>Ellison &amp; Chapman</u>		ADDRESS <u>Pilot Grove</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.)



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# PLACE OF DEATH

County Pettis

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Sedalia

(NO. 810 East S.)

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

FULL NAME Jennie Wheeler

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

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Registration District No. 668

File No. 17860

Primary Registration District No. 3032

Registered No. 111

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

### PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug. 28, 1846  
(Month) (Day) (Year)

AGE 65 yrs. 8 mos. 3 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) Mo.

PARENTS  
NAME OF FATHER Stephen Burk  
BIRTHPLACE OF FATHER Mo.  
MAIDEN NAME OF MOTHER Emma Golden  
BIRTHPLACE OF MOTHER Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clara Wheeler

(ADDRESS) Sedalia Mo.

Died July 9, 1912 Sam Kelly

REGISTRAR

Original file, date MAY, 1912

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1912, to May 1, 1912, that I last saw her alive on Apr. 3, 1912, and that death occurred, on the date stated above, at 54 m.

The CAUSE OF DEATH\* was as follows:  
Apoplexy carcinoma

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

Contributory (SECONDARY) Chr. intestinal nephritis  
(Duration) 2 yrs. 3 mos. \_\_\_\_\_ ds.

(Signed) Chas. A. McNeil M. D.  
May 1, 1912 (Address) Sedalia 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 Providence Mo.

DATE OF BURIAL May 1, 1912

UNDERTAKER Elliott & Chapman

ADDRESS Pilot Gro.

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

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

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