

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <i>Married</i>	DATE OF DEATH <i>3</i> <i>May</i> <i>30</i> , 191 <i>2</i> (Month) (Day) (Year)		
DATE OF BIRTH <i>Oct 10</i> , 1883 (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>May 23</i> , 191 <i>2</i> to <i>May 30</i> , 191 <i>2</i>		
AGE <i>28</i> yrs. <i>7</i> mos. <i>20</i> ds. If LESS than 1 day, ___ hrs. or ___ min.?			that I last saw her alive on <i>May 30</i> , 191 <i>2</i>		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Housekeeper -</i>			and that death occurred, on the date stated above, at <i>St. Louis</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Housework -</i>			The CAUSE OF DEATH* was as follows: <i>Woman's person</i>		
BIRTHPLACE (City or town, State or foreign country) <i>El Dorado Spgs Mo</i>			<i>10</i> <i>177</i> <i>123 B</i> (Duration) ___ yrs. ___ mos. ___ ds.		
PARENTS	NAME OF FATHER <i>R. N. Bonister</i>	Contributory (SECONDARY) <i>Sexually Transmitted Disease</i> <i>Memorial Life Ins. Co.</i> (Duration) ___ yrs. ___ mos. ___ ds.			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Richmond Mo</i>	(Signed) <i>J. W. Amersman</i> M. D. <i>May 31</i> , 191 <i>2</i> (Address) <i>Nevada Mo</i>			
	MAIDEN NAME OF MOTHER <i>Mary Gentry</i>	*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) <i>Carrollton Mo.</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <i>R. N. Bonister</i> (Informant)			Where was disease contracted if not at place of death? <i>Vernon Co</i>		
(ADDRESS) <i>El Dorado Spgs Mo.</i>			Former or usual residence <i>Vernon Co</i>		
Filed <i>May 31</i> , 191 <i>2</i>			PLACE OF BURIAL OR REMOVAL <i>El Dorado Spgs Mo</i>		DATE OF BURIAL <i>May 31</i> , 191 <i>2</i>
REGISTRAR <i>J. W. Amersman</i>			UNDERTAKER <i>Docar & T. Hug</i>		ADDRESS <i>Nevada Mo</i>

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

PLACE OF DEATH
County *Vernon*
Township _____
or
Village *Nevada*
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. *875*
Primary Registration District No. *3039*
File No. *19314*
Registered No. *111*

FULL NAME *Jesse Bonister Humphrey*

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

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.)

FEB 20 1953



WRITE PLAINLY, WITH INK, AND IN CAPITAL LETTERS FOR BINDING. MANENT RECORD

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PLACE OF DEATH

County Vernon

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.

Township _____

Registration District No. 875

File No. 19314

Village _____

Primary Registration District No. 3039

Registered No. 111

City Nevada (NO. _____)

St.: _____ Ward _____

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

FULL NAME Jesse Bonister Humphrey

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct. 10, 1883 (Month) (Day) (Year)

AGE 28 yrs. 7 mos. 20 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) El Dorado Spgs Mo.

NAME OF FATHER R. N. Bonister

BIRTHPLACE OF FATHER (City or town, State or foreign country) El Dorado Spgs Mo.

MAIDEN NAME OF MOTHER Mary Gentry

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. N. Bonister

(ADDRESS) El Dorado Spgs Mo.

Filed 31 1912 G. Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 23, 1912, to May 30, 1912, that I last saw her alive on May 30, 1912, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows: Stomach poison due to eating some kind of meat. (Duration) _____ yrs. _____ mos. 8 ds.

Contributory sequella suppurative wound (Secondary) hemorrhage (Duration) _____ yrs. _____ mos. 4 ds.

(Signed) J. W. Amernau M. D. X 6-31 1912 Address Nevada 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? Vernon Co

Former or usual residence Vernon Co

PLACE OF BURIAL OR REMOVAL El Dorado Spgs Mo. DATE OF BURIAL May 31, 1912

UNDERTAKER Osceola E. King ADDRESS Nevada Mo.

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

MAY

Revised United States Standard Certificate of Death

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

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~~From~~ *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.)