

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Callaway</i>		Registration District No.	<i>107</i>	File No.
Township	<i>Callaway</i>		Primary Registration District No.	<i>3088</i>	Registered No.
or					
Village					
or					
City	<i>Fulton</i>	(NO. _____)	St.		Ward
FULL NAME <i>Mellie Helen Davis</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Single</i>	<i>June 29</i> , 191 <i>2</i>		
DATE OF BIRTH			(Month) (Day) (Year)		
<i>June 10</i> , 191 <i>2</i>					
AGE			IF LESS than 1 day, ____ hrs. or ____ min.?		
<i>3 Weeks</i>					
OCCUPATION			I HEREBY CERTIFY, that I attended deceased from		
(a) Trade, profession, or particular kind of work <i>none</i>			<i>June 11</i> , 191 <i>2</i> , to <i>June 29</i> , 191 <i>2</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>-</i>			that I last saw her alive on <i>June 29</i> , 191 <i>2</i> ,		
BIRTHPLACE			and that death occurred, on the date stated above, at <i>9:30 P.</i> m.		
(City or town, State or foreign country) <i>Fulton Mo</i>			The CAUSE OF DEATH* was as follows:		
NAME OF FATHER			<i>Macasomb</i>		
<i>Geo. R. Davis</i>					
BIRTHPLACE OF FATHER			Contributory		
(City or town, State or foreign country) <i>Callaway Co Mo</i>			(SECONDARY)		
MAIDEN NAME OF MOTHER			(Duration) ____ yrs. ____ mos. ____ ds.		
<i>Ruby B. Nelson</i>					
BIRTHPLACE OF MOTHER			(Signed) <i>Walter Gates</i> M. D.		
(City or town, State or foreign country) <i>Callaway Co Mo</i>			<i>June 30</i> , 191 <i>2</i> (Address) <i>Fulton Mo</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(Informant) <i>George Davis</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(ADDRESS) <i>Fulton Mo</i>			At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
Filed <i>June 30</i> , 191 <i>2</i> <i>H. E. Reilly</i> REGISTRAR			Where was disease contracted if not at place of death? _____		
			Former or usual residence _____		
			PLACE OF BURIAL OR REMOVAL		
			<i>Fulton Mo</i>		
			DATE OF BURIAL		
			<i>June 30</i> , 191 <i>2</i>		
			UNDERTAKER		
			<i>J. Scott Fulton Fulton Mo</i>		
			ADDRESS		
			<i>Fulton Mo</i>		

(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*, *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.)



WHILE FRESH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Callaway
Township _____
or
Village _____
or
City Fulton (NO. _____)

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

Registration District No. 104 File No. 19656
Primary Registration District No. 3.008 Registered No. 86
St. _____ Ward _____

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

FULL NAME

Melie Miles Davis

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 10, 1912
(Month) (Day) (Year)

AGE 3 weeks
yrs. mos. ds. If LESS than 1 day, hrs. or mins.

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

BIRTHPLACE (City or town, State or foreign country) Fulton Mo

PARENTS
NAME OF FATHER G W Davis
BIRTHPLACE OF FATHER (City or town, State or foreign country) Callaway Co Mo
MAIDEN NAME OF MOTHER Levy B Wilson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Callaway Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Davis
(ADDRESS) Fulton Mo

Filed June 30, 1912 H. E. Peely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 10, 1912 to June 29, 1912
that I last saw her alive on June 24, 1912
and that death occurred, on the date stated above, at 9:30 P

The CAUSE OF DEATH* was as follows:
Malaria.
No cause ascertainable.
Child just wasted away & died
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) X Martin Yates M. D.
June 30, 1912 (Address) Fulton 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 Fulton Mo DATE OF BURIAL June 30, 1912
UNDERTAKER J. Scott Fulton ADDRESS Fulton Mo

Revised United States Standard Certificate of Death

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