

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

County Jackson Registration District No. 398 File No. 20116
Township Wheat or Blaine or Maywood Primary Registration District No. 0304 Registered No. 127
Village Maywood (NO. North Boulevard Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)
City _____

FULL NAME Elva Hanover

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>single</u>	DATE OF DEATH <u>May 30</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 31</u> , 18 <u>75</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>May 29</u> , 191 <u>2</u> , to <u>May 30</u> , 191 <u>2</u> , that I last saw her alive on <u>May 30</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>8^{PM}</u> m. The CAUSE OF DEATH* was as follows:	
AGE <u>36</u> yrs. <u>6</u> mos. <u>16</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?			<u>Pulmonary Congestion</u> <u>(Acute Pulmonary engorgement)</u> <u>10 1/2</u> (Duration) ___ yrs. ___ mos. ___ ds. <u>11 1/2</u> X Contributory (SECONDARY)	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Seamstress</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>seamstress</u>			(Signed) <u>Wm. L. Gienow</u> M. D. <u>June 1st</u> , 191 <u>2</u> (Address) <u>Washburn</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Litchfield, Minn.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Joseph Hanover</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Delaware Co. Ohio</u>		Where was disease contracted If not at place of death? Former or usual residence _____	
	MAIDEN NAME OF MOTHER <u>Esther B. Thompson</u>		PLACE OF BURIAL OR REMOVAL <u>Wt Washington Mo</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Madison Co. N. Y.</u>		DATE OF BURIAL <u>June 5</u> , 191 <u>2</u> ADDRESS <u>Lud Mo</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jos. Hanover</u> (ADDRESS) <u>Independence, Mo.</u>			UNDERTAKER <u>Henry Platt</u>	
Filed <u>June 1</u> , 191 <u>2</u> <u>W. E. Krimm</u> REGISTRAR <u>W. E. Krimm</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.)



PLACE OF DEATH
 County Jackson
 Township Blue
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 398 File No. 20116 ✓
 Primary Registration District No. 5-554 Registered No. 127

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

FULL NAME Elva Hanover

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)
 DATE OF BIRTH Nov. 14, 1875
 (Month) (Day) (Year)
 AGE 36 yrs. 6 mos. 16 ds. IF LESS than 1 day, hrs. or min.

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

BIRTHPLACE
 (City or town, State or foreign country) Litchfield, Minn.

PARENTS
 NAME OF FATHER Joseph Hanover
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Wapakoneta, Ohio
 MAIDEN NAME OF MOTHER Edger B. Thompson
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Madison Co. N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos. Hanover
 (ADDRESS) Independence Mo.

Filed Aug 8 1912 B. E. Kimminger
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from May 29, 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 8 p. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Congestion
It was possibly a result
of Pneumococcus and not
"Tubercular" (Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.

(Signed) Wm. L. Ciemor M. D.
June 1, 1912 (Address) Mt. Washington

*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 Mt. Washington DATE OF BURIAL June 1, 1912

UNDERTAKER Henry J. Ott ADDRESS Ind. Mo.

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