

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>Jefferson</i>	Registration District No.	<i>421</i>
Township	<i>Franklin</i>	File No.	<i>20476</i>
or		Primary Registration District No.	<i>5375-</i>
Village	<i>Wentland</i>	Registered No.	<i>65-</i>
or			
City	(NO. _____) _____	St. _____	Ward _____
FULL NAME		<i>Laisy Ann Perain</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 1, 1912</i>
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<i>June 19, 1911</i>		<i>May 31, 1912 to June 1, 1912</i>	
AGE		that I last saw <i>or</i> alive on <i>June 1, 1912</i>	
<i>12 yrs. 20 ds.</i>		and that death occurred, on the date stated above, at <i>523</i> pm.	
OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work _____		<i>Acute Indigestion</i>	
(b) General nature of industry, business, or establishment in which employed (or employer) _____		<i>1180 P 6</i>	
BIRTHPLACE		(Duration) _____ yrs. _____ mos. _____ ds.	
(City or town, State or foreign country) <i>Bonne Terre Mo</i>		<i>7 mos</i>	
PARENTS	NAME OF FATHER		Contributory Conditions (Secondary)
	<i>Louis Perain</i>		(Duration) _____ yrs. _____ mos. _____ ds.
	BIRTHPLACE OF FATHER		(Signed) <i>E. J. Perain</i> M. D.
	(City or town, State or foreign country) <i>House Spring Mo</i>		<i>June 1, 1912</i> (Address) <i>Wentland Mo</i>
MAIDEN NAME OF MOTHER		State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
<i>Jessette Kay</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
BIRTHPLACE OF MOTHER		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(City or town, State or foreign country) <i>Indiana</i>		Where was disease contracted if not at place of death? _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <i>Mr Perain</i>			
(ADDRESS) <i>Wentland Mo</i>			
Filed <i>June 2, 1912</i>		PLACE OF BURIAL OR REMOVAL	
<i>J. E. Rutledge</i>		<i>Wentland</i>	
REGISTRAR		UNDERTAKER	
		<i>John F. Meier</i>	
		DATE OF BURIAL	
		<i>June 2, 1912</i>	
		ADDRESS	
		<i>Perdy 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.)



X

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

PLACE OF DEATH
 County Jefferson
 Township Joachim
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 421 File No. _____
 Primary Registration District No. 5575 Registered No. 65

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

FULL NAME Daisy Ann Craig

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH June 12, 1911
 (Month) (Day) (Year)
 AGE 11 mos. 30 ds. If LESS than 1 day, hrs. or min.

DATE OF DEATH June 1, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from May 31, 1912, to June 1, 1912, that I last saw her alive on June 1, 1912, and that death occurred, on the date stated above, at 5:30 p.m.

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

The CAUSE OF DEATH* was as follows:
Acute Indigestion

BIRTHPLACE (City or town, State or foreign country) Bonne Terre Mo.

PARENTS
 NAME OF FATHER Wm Craig
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Springfield Mo.
 MAIDEN NAME OF MOTHER Rosettie Kay
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

(Duration) yrs. 7 mos. 30 ds.
 Contributory (SECONDARY) Convulsion (Respiratory)
 (Duration) yrs. _____ mos. _____ ds.
 (Signed) E. L. Coffin M. D.
 June 1, 1912 (Address) Herculaneum

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Wm Craig
 (ADDRESS) Herculaneum

*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 _____

Filed Aug 6, 1912 by J. E. Rutledge REGISTRAR

PLACE OF BURIAL OR REMOVAL Herculaneum DATE OF BURIAL June 2, 1912
 UNDERTAKER John F. Meier ADDRESS Cavey Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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