

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Andrain</u>	Registration District No.	<u>224</u> File No. <u>22140</u>
Township	<u>Laddonia</u>	Primary Registration District No.	<u>4018</u> Registered No.
Village	<u>Laddonia</u>	City	(NO. _____ St. _____ Ward _____)
FULL NAME <u>Ann Judson Reno</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED	DATE OF DEATH
<u>Female</u>	<u>White</u>	<u>widow</u> (Write the word)	<u>July 4, 1912</u> (Month) (Day) (Year)
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>June 9, 1834</u> (Month) (Day) (Year)		<u>Feb</u> , 1911, to <u>July 4</u> , 1912,	
AGE		that I last saw <u>her</u> alive on <u>July 4</u> , 1912,	
<u>78</u> yrs. <u>26</u> ds.		and that death occurred, on the date stated above, at <u>7 P.</u> m.	
OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>House work</u>		<u>Organic Heart Trouble</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		<u>97A</u>	
BIRTHPLACE		(Duration) <u>10</u> yrs. _____ mos. _____ ds.	
(City or town, State or foreign country) <u>Bidford Co Virginia</u>		Contributory	
PARENTS	NAME OF FATHER <u>Jeffrey Robertson</u>	(Secondary) _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>	(Duration) _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Mary Ferguson</u>	(Signed) _____ M. D.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Franklin Co Va</u>	_____ 1911 _____ (Address)	
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) <u>Bellie Rosney</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		At place of death <u>3</u> yrs. _____ mos. _____ ds. In the State <u>6</u> yrs. _____ mos. _____ ds.
(ADDRESS) <u>Laddonia</u>	Where was disease contracted if not at place of death? <u>Andrain Co Mo</u>		Former or usual residence <u>Andrain Co Mo</u>
Filed <u>July 9, 1912</u>	PLACE OF BURIAL OR REMOVAL <u>Laddonia Mo</u>		DATE OF BURIAL <u>July 6, 1912</u>
<u>T M Monroe</u> REGISTRAR	UNDERTAKER <u>Horace McCoy</u>		ADDRESS <u>Laddonia</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*, *peritonacum*, 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 Audrain

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

Township Laddonia
or
Village Laddonia
or
City _____ (NO. _____)

Registration District No. 24 File No. 22140 ✓
Primary Registration District No. 4018 Registered No. _____

St. _____ Ward _____
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ann Judson Renfro

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH July 4, 1912
(Month) (Day) (Year)

DATE OF BIRTH June 9, 1834
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from February, 1911, to July 4, 1912, that I last saw her alive on _____, 1912, and that death occurred, on the date stated above, at 7 P. m.

AGE 78 yrs. 25 ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

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

Organic heart trouble +
Mitral regurgitation
(Duration) _____ yrs. 17 mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Bedford Co. W. Va.

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

NAME OF FATHER Jeffrey Robertson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Vir.

(Signed) W. K. McCall M. D.
July 5, 1912 (Address) Laddonia

MAIDEN NAME OF MOTHER Mary Ferguson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Franklin Co. Vir.

*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
(Informant) Bettie Tomneyon
Laddonia
(ADDRESS)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 3 yrs. _____ mos. _____ ds. In the State 54 yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? Audrain Co. Mo.
Former or usual residence Audrain Co. Mo.

Filed July 9, 1912 J. M. Monroe REGISTRAR

PLACE OF BURIAL OR REMOVAL Laddonia Mo. DATE OF BURIAL July 6, 1912
UNDERTAKER Horace McCoy ADDRESS Laddonia Mo.

Revised United States Standard Certificate of Death

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

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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.)