

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

PLACE OF DEATH Colliery
 County Colliery Registration District No. 1111 File No. 22403
 Township Cleveland or Primary Registration District No. ~~1111~~ Registered No.
 Village or City (NO. 5760 St. Ward)
 FULL NAME Allen

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Aug 15, 1823</u> <small>(Month) (Day) (Year)</small>		
AGE <u>88</u> yrs. <u>11</u> mos. <u>3</u> ds.		IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-572-</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Caroline Co Va</u>		
PARENTS	NAME OF FATHER <u>Thos West</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>	
	MAIDEN NAME OF MOTHER <u>Annie Thornton</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Blount Co Va</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. F. Allen
(ADDRESS) Stephens Store MoFiled July 17, 1912 B. H. Stephens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3, 1912, to July 18, 1912, that I last saw her alive on July 11, 1912, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Bronchitis
106D
162
(Duration) yrs. mos. ds.

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

(Signed) C. W. Jones M. D.
July 18, 1912 Address Centralia 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 Allen Burial Ground DATE OF BURIAL 7/19, 1912
UNDERTAKER M. C. Bush Centralia Mo. ADDRESS

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*, *peritonaeum*, 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.)



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.

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

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PLACE OF DEATH Callaway
 County Cleveland Registration District No. 1111 File No. 22403
 Township _____ or _____ Village _____ or _____ City _____ (NO. _____) St. _____ Ward _____
 Primary Registration District No. 5160 Registered No. _____
 FULL NAME Alice T. Allen (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED widowed WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH Aug. 10, 1823 (Month) (Day) (Year)
 AGE 88 yrs. 11 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 BIRTHPLACE (City or town, State or foreign country) Caroline, Va.
 PARENTS
 NAME OF FATHER Thos. West
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
 MAIDEN NAME OF MOTHER Anna Thornton
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Gloucester, Va.
 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. H. Allen
 (ADDRESS) Stephens Store, Mo.
 Filed July 19, 1912 by P. A. Stephens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1912 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from July 3, 1912, to July 18, 1912, that I last saw her alive on July 11, 1912, and that death occurred, on the date stated above, at 11 a. m.
 The CAUSE OF DEATH* was as follows:
Bronchitis
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory senility (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) C. W. Jones M. D.
July 18, 1912 (Address) Centralia, 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 Allen Burial Ground DATE OF BURIAL 7-19 1912
 UNDERTAKER W. J. Bush ADDRESS Centralia, 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.)