

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>Cass</u>			Registration District No. <u>157</u>	File No. <u>22465-22565</u>
Township <u>Pleasant Hill</u>			Primary Registration District No. <u>4091</u>	Registered No. <u>20</u>
City _____ (NO. <u>0</u> )			St. _____	Ward _____
FULL NAME <u>Nannie Davis</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED <u>X</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>July 2</u> , 19 <u>12</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Jan 22</u> , 18 <u>50</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>June 6</u> , 19 <u>12</u> , to <u>July 2</u> , 19 <u>12</u> ,	
AGE <u>62</u> yrs. <u>5</u> mos. <u>10</u> ds.			that I last saw her alive on <u>July 2</u> , 19 <u>12</u> ,	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u>			and that death occurred, on the date stated above, at <u>7 1/2</u> p. m.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Q-Q</u>			The CAUSE OF DEATH* was as follows: <u>Paralysis</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Ky.</u>			<u>8 1/2</u> hrs. <u>0</u> mos. <u>25</u> ds. (Duration) yrs. mos. ds.	
PARENTS	NAME OF FATHER <u>Charles Barber</u>		Contributory (SECONDARY) (Duration) yrs. mos. ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>South Knoxville</u>		(Signed) <u>R. P. Yeager</u> M. D.	
	MAIDEN NAME OF MOTHER <u>Ellen Baker</u>		<u>July 3</u> , 19 <u>12</u> (Address) <u>Pleasant Hill Mo</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>South Knoxville</u>		*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) <u>Aron Davis</u>				
(ADDRESS) <u>Pleasant Hill Mo</u>				
Filed <u>7-4-</u> 19 <u>12</u> <u>H. Jarard</u> REGISTRAR				
PLACE OF BURIAL OR REMOVAL <u>Pleasant Hill Mo</u>			DATE OF BURIAL <u>7-4</u> 19 <u>12</u>	
UNDERTAKER <u>Parker + How</u>			ADDRESS <u>Pleasant Hill Mo</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 septicæmia," "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

Cass

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

Township

Pleasant Hill

Registration District No.

157

File No.

22465

or Village

Primary Registration District No.

4091

Registered No.

20

or City

(NO.

St.

Ward)

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

FULL NAME

Nannie Davis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

Black

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) *yes*

DATE OF BIRTH

Jan. 22, 1850

AGE

62 yrs. 5 mos. 10 ds.

IF LESS than 1 day, hrs. or min.

DATE OF DEATH

July 2, 1912

I HEREBY CERTIFY, that I attended deceased from July 6, 1912, to July 2, 1912, that I last saw her alive on July 2, 1912, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH\* was as follows:

Ascending Paralysis

OCCUPATION

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Ky.

NAME OF FATHER

Charles Barber

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Don't know

MAIDEN NAME OF MOTHER

Egon Baker

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Aron Davis

(ADDRESS)

Pleasant Hill Mo.

Filed

9-9-1912

H. Jensen

REGISTRAR

PLACE OF BURIAL OR REMOVAL

Pleasant Hill Mo.

DATE OF BURIAL

7-4-1912

UNDERTAKER

Parker + Hon

ADDRESS

Pleasant Hill

Original file, date

19

All information called for must be written on this Supplementary Certificate.

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