

MARGIN RESERVED FOR BINDING

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

County Marion

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23588 ~~23588~~

Township _____

Registration District No. 547

File No. _____

or
Village _____

Primary Registration District No. 3029

Registered No. 179

or
City Hannibal

(NO. Levering Hospital)

St. 6 Ward _____

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

FULL NAME Jennie Louise Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH Oct. 28, 1893
(Month) (Day) (Year)

AGE 18 yrs. 8 mos. 16 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

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) Marion Co. Mo.

PARENTS NAME OF FATHER James C. Gibson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Morgan Co. Ill.

MAIDEN NAME OF MOTHER Georgie Stockton

BIRTHPLACE OF MOTHER (City or town, State or foreign country) New Orleans La.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James C. Gibson

(ADDRESS) Hannibal Mo.

Filed July 16, 1912 W. T. Youse

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1st, 1912, to July 14, 1912
(that I last saw her alive on July 1st, 1912,

and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Peritonitis
139 B
129

(Duration) ____ yrs. ____ mos. ____ ds.
Contributory Pelvic Inflammation
(SECONDARY) (Duration) ____ yrs. ____ mos. 14 ds.
(Signed) E. H. Bourke M. D.
July 15, 1912 (Address) Hannibal 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 River Side DATE OF BURIAL July 14, 1912

UNDERTAKER W. M. Smith ADDRESS Hannibal

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, Compositor, 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County MarionREGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.Township _____
or
Village _____
or
City Hannibal (NO Levering Hospital)Registration District No. 547 File No. 23588
Primary Registration District No. 3029 Registered No. 179[If death occurred in a
hospital or institution,
give its NAME instead of
street and number]FULL NAME Jennie Louise Scott

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED married
WIDOWED
OR DIVORCED
(Write the word)DATE OF DEATH July 14 1912
(Month) (Day) (Year)DATE OF BIRTH Oct. 28 1893
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
July 1, 1912, to July 14, 1912
that I last saw her alive on July 14, 1912AGE 18 yrs. 8 mos. 16 ds.
If LESS than
1 day, ___ hrs.
or ___ min.and that death occurred, on the date stated above, at 11:30 p.m.OCCUPATION
(a) Trade, profession, or
particular kind of work House wife
(b) General nature of industry,
business, or establishment in
which employed (or employer) _____The CAUSE OF DEATH* was as follows:
PeritonitisBIRTHPLACE
(City or town, State or foreign country) Marion Co. Mo.NAME OF FATHER James C. GibsonBIRTHPLACE OF FATHER
(City or town, State or foreign country) Marion Co. Ill.MAIDEN NAME OF MOTHER George StocktonBIRTHPLACE OF MOTHER
(City or town, State or foreign country) New Orleans La.Contributory Coprophagia & Salpingitis
(Duration) yrs. ___ mos. ___ ds.
(SECONDARY)(Signed) E. H. Bourdo M. D.
July 15, 1912 (Address) Hannibal 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James C. Gibson
(ADDRESS) Hannibal Mo.PLACE OF BURIAL OR REMOVAL River Side DATE OF BURIAL July 16 1912UNDERTAKER Wm. M. Smith ADDRESS HannibalFiled July 16, 1912 W. H. Jausey REGISTRAROriginal file, date JUL 1912

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

V. S. No. 2. THIS IS A PERMANENT RECORD

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.

Revised United States Standard Certificate of Death

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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.)