

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County St. Francois
Township _____
or
Village Flat River Mo
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 774 File No. 24040 ~~24114~~
Primary Registration District No. 4465 Registered No. _____

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

FULL NAME Dennis Lee Hope jr

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>May 26th 1911</u> (Month) (Day) (Year)		
AGE <u>1 yrs. 1 mos. 14 ds.</u>		IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) — 0

BIRTHPLACE
(City or town, State or foreign country) Flat River Mo

PARENTS	NAME OF FATHER <u>Dennis L. Hope</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Graham Mo</u>
	MAIDEN NAME OF MOTHER <u>Berda May Winters</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Fredrickson Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dennis Lee Hope, Sr.
(ADDRESS) Flat River Mo
Filed 7/9 1912
REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 30, 1912, to July 9th, 1912, that I last saw him alive on July 8th, 1912, and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Cholera infantum
104 119A

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. 10 ds.
(Signed) D. L. Hope M. D.
July 9th 1912 (Address) Flat River 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 Flat River Mo

PLACE OF BURIAL OR REMOVAL Bismark Mo. DATE OF BURIAL July 10, 1912
UNDERTAKER Henry Rieker ADDRESS Flat River Mo.

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*, *Sarcoma*, 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.)

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

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

PLACE OF DEATH
County St. Francois
Township _____
or Village Flat River
or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 774 File No. 24040
Primary Registration District No. 4465 Registered No. _____

FULL NAME Dennis Lee Hope Jr.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) _____

DATE OF DEATH July 9, 1912
(Month) (Day) (Year)

DATE OF BIRTH May 25, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 30, 1912 to July 9, 1912, that I last saw him live on July 8, 1912, and that death occurred, on the date stated above, at 6¹⁵ a.m.

AGE 1 yrs. 1 mos. 14 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 child
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Cholera Infantum

BIRTHPLACE (City or town, State or foreign country) Flat River Mo.

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

NAME OF FATHER Dennis L. Hope

Contributory none
(SECONDARY) (Duration) _____ yrs. _____ mos. 10 ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Waverly Mo.

(Signed) T. L. Honey M. D. July 9, 1912 (Address) Flat River Mo.

MAIDEN NAME OF MOTHER Bella May Underwood

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Fredricktown Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dennis Lee Hope Sr.
(ADDRESS) Flat River Mo.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

Filed 7/10, 1912 M. A. Tappan REGISTRAR

PLACE OF BURIAL OR REMOVAL Barmark Mo. DATE OF BURIAL July 10, 1912

UNDERTAKER Berry Rinke ADDRESS Flat River Mo.

N. B. 25. CAUSE of DEATH, if not classified, Exact statement of OCCUPATION is very important. PHYSICIANS should state at

Revised United States Standard Certificate of Death

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

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