

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 Saline  
Township Marshall  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 746 File No. 25094 ~~25101~~  
Primary Registration District No. 6039 Registered No. 900

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

FULL NAME Mrs. Belle Crank

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>F</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Sept 2nd, 1884</u> (Month) (Day) (Year)		
AGE <u>29 yrs. 10 mos. 13 ds.</u>		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>School Teacher</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>g-2110</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		
PARENTS	NAME OF FATHER <u>W. H. Crank</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill</u>	
	MAIDEN NAME OF MOTHER <u>Matilda Monier</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH  
July 15, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July - 14, 1912, to July 15, 1912, that I last saw him alive on July 6 - 14, 1912, and that death occurred, on the date stated above, at 2 A. m.  
The CAUSE OF DEATH\* was as follows:

Tuberculosis (Pul.)  
11 A (Duration) 7 yrs. 6 mos. 8 ds.

Contributory La Grippe  
(SECONDARY) 2 wks (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) Wm Harrison M. D.  
July 15, 1912 (Address) Marshall 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) W. H. Crank  
(ADDRESS) Marshall Mo

PLACE OF BURIAL OR REMOVAL <u>Ridge Park</u>	DATE OF BURIAL <u>July 16, 1912</u>
UNDERTAKER <u>P. W. Walker</u>	ADDRESS <u>Marshall Mo</u>

Filed July 16, 1912, A. B. Putnam  
REGISTRAR

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# Revised United States Standard Certificate

## of Death

(Approved By U. S. Census and American Public Health Association)

FRONT OF DEATH

MISSOURI STATE BOARD OF HEALTH

**Statement of occupation.** Precise statement of occupation is very important; 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 they never 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, meningitis, pertussis, etc.; Carcinoma Sar-*

NAME OF DECEASED (Last, first, and middle names, and initials) (Print or write in full)  
 SEX (Male or Female)  
 AGE (Years, months, and days)  
 PLACE OF BIRTH (State, Territory, or Country)  
 OCCUPATION (If engaged in any occupation at the time of death)  
 RESIDENCE (Street, number, and city, town, or village)  
 DATE OF DEATH (Month, day, and year)  
 TIME OF DEATH (Hour, minute, and second)  
 PLACE OF DEATH (Home, Hospital, or other institution)  
 CAUSE OF DEATH (State the cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.)  
 STATE CAUSE OF DEATH (State the cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.)  
 MEANS OF INJURY (If violent death, state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely.)  
 NATURE OF INJURY (If violent death, state nature of injury and consequences, e. g., sepsis, tetanus, etc.)  
 CONTRIBUTORY (If violent death, state contributory conditions, such as "Asthma," "Anemia," "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 CHILD BIRTH OR MISCARRIAGE, AS "PUERPERAL SEPTICHAEMIA," "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, crossing street by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as well as nature 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.)

ADDRESS (Street, number, and city, town, or village)  
 DATE OF BIRTH (Month, day, and year)  
 HUGH STEPHENS PERSON CITY.