

PLACE OF DEATH

County DeKalb
 Township Commerce
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 817
 Primary Registration District No. 6066

File No. 25131
 Registered No. 13

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

FULL NAME Betty Irving Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Widowed
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)
 DATE OF BIRTH June 25 1838
 (Month) (Day) (Year)
 AGE 74 yrs. 0 mos. 11 ds. If LESS than
 1 day, _____ hrs.
 or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work House keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) Navy Lane for her son

BIRTHPLACE
 (City or town, State or foreign country) Tennessee

PARENTS:
 NAME OF FATHER Robt Shanklin
 BIRTHPLACE OF FATHER Don't know
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Shepard
 BIRTHPLACE OF MOTHER Don't know
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herbert Anderson

(ADDRESS) Commerce Mo

Filed July 15 1912 T.H. Frazer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from July 13 1912, to July 14 1912, that I last saw him alive on July 13 1912, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Results of an intracapsular fracture of hip, deceased very feeble

Contributory Pneumonia chronic
 (SECONDARY) (Duration) 8 yrs. _____ mos. _____ ds.

(Signed) T.H. Frazer M. D.
July 15 1912 (Address) Commerce 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 Oak Dale Cem DATE OF BURIAL 7/15 1912

UNDERTAKER R.S. Heuchan ADDRESS Commerce 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, peritoneum*, 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.)

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

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Scott
Township Commerce
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 817 File No. 25-131
Primary Registration District No. 6066 Registered No. 15-

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

FULL NAME Betty Irving Anderson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED widowed
WIDOWED OR DIVORCED (If wife the word)
DATE OF BIRTH June 25, 1883
(Month) (Day) (Year)
AGE 74 yrs. 0 mos. 19 ds. IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

DATE OF DEATH July 14, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from July 13, 1912, to July 14, 1912,
that I last saw her alive on July 13, 1912,
and that death occurred, on the date stated above, at 3 p. m.
The CAUSE OF DEATH* was as follows:
Died as a result of a Fracture of hip

BIRTHPLACE (City or town, State or foreign country) Pennsylvania
PARENTS
NAME OF FATHER Robt. Shanklin
BIRTHPLACE OF FATHER Don't know
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Shepard
BIRTHPLACE OF MOTHER Don't know
(City or town, State or foreign country)

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Arterio-sclerotic
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) T. F. Frazer M. D.
July 15, 1912 (Address) Commerce Mo.
*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) Robert Anderson
(ADDRESS) Commerce Mo.
Filed July 15, 1912 T. R. Frazer
REGISTRAR

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 Dale Cem.
DATE OF BURIAL 7-15-1912
UNDERTAKER T. B. Hencham
ADDRESS Commerce

Revised United States Standard Certificate of Death

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

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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, 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.)