

WHILE 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 Linn  
Township Clay  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 499 File No. 26750  
Primary Registration District No. 5664 Registered No. 9

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

FULL NAME Julian Beatrice Hardings

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>single</u>
DATE OF BIRTH <u>August 8<sup>th</sup></u> , 1912 (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. <u>6</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer daughter</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Madville Mo</u>		
PARENTS	NAME OF FATHER <u>James Hardings</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Madville Mo</u>	
	MAIDEN NAME OF MOTHER <u>Mary Beulla Hibburn</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New Brunswick Mo</u>	

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 14<sup>th</sup>, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from August 13, 1912, to August 18, 1912, that I last saw her alive on August 13, 1912, and that death occurred, on the date stated above, at Madville Mo.

The CAUSE OF DEATH\* was as follows:  
Congestion of stomach and bowels

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) O. H. Riddings M. D.  
August 14, 1912 (Address) Madville 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 Harding  
(ADDRESS) Madville Mo  
Filed Aug 15<sup>th</sup> 1912. G. H. Claddock  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Madville Cemetery DATE OF BURIAL Aug 14<sup>th</sup> 1912  
UNDERTAKER W. B. Evans ADDRESS Madville 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, 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, 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.)

## PLACE OF DEATH

County Linn  
 Township Clay  
 or  
 Village  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

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

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

Registration District No. 499 File No. 26750  
 Primary Registration District No. 5664 Registered No. 9

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

FULL NAME

Julian Beatrice Hardings

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
 (Write the word)

DATE OF BIRTH

Aug. 8, 1912  
 (Month) (Day) (Year)

AGE

\_\_\_\_ yrs. \_\_\_\_ mos. 6 ds. If LESS than 1 day, \_\_\_\_ hrs. \_\_\_\_ min.

OCCUPATION

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

Farmers daughter

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

BIRTHPLACE

(City or town, State or foreign country)

Meadville, Mo.

NAME OF FATHER

Grover Hardings

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Meadville, Mo.

MAIDEN NAME OF MOTHER

Mrs. Rosella Wilburn

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

near Brunswick, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Grover Hardings

(ADDRESS)

Meadville, Mo.

Filed

Aug 15, 1912

Geo. H. Clarkson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Aug. 14, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 13, 1912, to Aug. 13, 1912, that I last saw her alive on Aug. 13, 1912, and that death occurred, on the date stated above, at 12:00 a. m.

The CAUSE OF DEATH\* was as follows:

Congestion of stomach & bowels. I could not give the primary cause. She resided at intervals in the last 24 hours of her life.  
 Contributory

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) O. B. Ridings M. D.  
Aug. 14, 1912 (Address) Meadville, 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

Meadville Cemetery Aug. 14, 1912

DATE OF BURIAL

UNDERTAKER

W. B. Evans Meadville

ADDRESS

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AUG

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