

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Cyosk</i>		Registration District No.	<i>650</i>	
Township	<i>Richland</i>		File No.	<i>27065</i>	
or			Primary Registration District No.	<i>5861</i>	
Village			Registered No.	<i>17</i>	
or					
City		(NO. _____) St. _____ Ward _____			
FULL NAME <i>Adeline Louise Clark</i>			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>female</i>	<i>White</i>	<i>Married</i>	<i>Aug the 19th</i> 1912 (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>Jan the 2nd</i> 1946 (Month) (Day) (Year)			<i>Aug 14</i> , 1912, to <i>Aug 19</i> , 1912		
AGE			that I last saw her alive on <i>Aug 18</i> , 1912		
<i>66</i> yrs. <i>7</i> mos. <i>17</i> ds.			and that death occurred, on the date stated above, at <i>5:30</i> am.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>House work</i>			<i>Typhoid fever</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>g-o</i>			<i>95 B</i>		
BIRTHPLACE (City or town, State or foreign country) <i>Ohio</i>			(Duration) 11 yrs. <i>11</i> mos. <i>11</i> ds.		
PARENTS	NAME OF FATHER <i>erick</i>		Contributory <i>functional disease of heart</i> (SECONDARY) (Duration) <i>Unknown</i> ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>unknown</i>		(Signed) <i>W. C. Morgan</i> M. D.		
	MAIDEN NAME OF MOTHER <i>unknown</i>		<i>Aug 19</i> , 1912 (Address) <i>Dora Mo</i>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>unknown</i>		*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			LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(Informant) <i>Mrs Addie Owen</i>			At place of death <i>3</i> yrs. <i>5</i> mos. <i>5</i> ds. In the State <i>58</i> yrs. <i>5</i> mos. <i>5</i> ds.		
(ADDRESS) <i>Willow Springs Mo</i>			Where was disease contracted if not at place of death? <i>at Place of death</i>		
Filed <i>Aug 26</i> , 1912 <i>J. W. Gordon</i> REGISTRAR			Former or usual residence _____		
			PLACE OF BURIAL OR REMOVAL <i>Sweeten cemetery</i>		DATE OF BURIAL <i>Aug 19</i> , 1912
			UNDERTAKER <i>A A Coble</i>		ADDRESS <i>Dora Mo</i>

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, peritoneum*, 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 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 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

Crawford

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

Township

Richland

Registration District No.

650

File No.

or

Village

Primary Registration District No.

5861

Registered No.

17

City

(NO.

St.

Ward)

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

FULL NAME

Adeline Louise Clark

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

married

female

white

DATE OF DEATH

Aug. 19

1912

(Month)

(Day)

(Year)

DATE OF BIRTH

Jan. 2, 1846

(Month)

(Day)

(Year)

AGE

66 yrs. 7 mos. 17 ds.

If LESS than
1 day, hrs.
or, min.

I HEREBY CERTIFY, that I attended deceased from

Aug. 14, 1912, to Aug. 19, 1912,

that I last saw her alive on Aug. 18, 1912,

and that death occurred, on the date stated above, at 5:30 a. m.

OCCUPATION

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

Housewife

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

The CAUSE OF DEATH was as follows:

Typhoid fever

BIRTHPLACE

(City or town, State or foreign country)

Ohio

NAME OF FATHER

unknown Perick

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Addie J. Owen

(ADDRESS)

Willow Springs Mo.

Filed

Oct 9, 1912

Dr. J. W. Gordon

REGISTRAR

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. C. Morgan M. D.

Aug. 19, 1912 (Address) Flora, 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

Sweeten Cem.

DATE OF BURIAL

Aug. 19, 1912

UNDERTAKER

A. A. Cable

ADDRESS

Flora Mo.

Original file, date

26, 1912

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

Revised United States Standard Certificate of Death

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

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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.)

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