

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>St. Louis</i>		Registration District No.	<i>738</i>	
Township	<i>W 2</i>		File No.	<i>27403</i>	
Village	<i>Webster Groves Mo.</i>		Primary Registration District No.	<i>4471</i>	
City	<i>Webster Groves Mo. 432 Marshall Ave. 4th Ward</i>		Registered No.	<i>60</i>	
FULL NAME			<i>Ruby Larissa Shute</i>		
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>August 1<sup>st</sup></i> , 191 <i>2</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>September 18, 1904</i> (Month) (Day) (Year)			<i>July 28</i> , 191 <i>2</i> , to <i>Aug. 1</i> , 191 <i>2</i> ,		
AGE			that I last saw h <sup>e</sup> alive on <i>August 1</i> , 191 <i>2</i> ,		
<i>4 yrs. 10 mos. 19 ds.</i>			and that death occurred, on the date stated above, at <i>4:15</i> m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>none</i>			<i>Infantile Paralysis</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>0</i>			<i>16</i>		
BIRTHPLACE			<i>9</i>		
(City or town, State or foreign country) <i>Harwood Mo</i>			(Duration) <i>6 yrs. 4 mos. — ds.</i>		
PARENTS	NAME OF FATHER		Contributory		
	<i>David H. Shute</i>		<i>Whooping Cough</i>		
	BIRTHPLACE OF FATHER		(SECONDARY)		
	<i>Woundell Mo</i>		(Duration) <i>1 yrs. 1 mos. — ds.</i>		
MAIDEN NAME OF MOTHER		(Signed) <i>Marshall Baker</i> M. D.			
<i>L M Shute</i>		<i>Aug 1</i> , 191 <i>2</i> (Address) <i>Webster Groves Mo</i>			
BIRTHPLACE OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
<i>Holden Mo</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death <i>— yrs. — mos. — ds.</i> In the State <i>— yrs. — mos. — ds.</i>		
(Informant) <i>David H. Shute</i>			Where was disease contracted If not at place of death?		
(ADDRESS) <i>Webster Groves Mo</i>			Former or usual residence		
Filed <i>8/2</i> 191 <i>2</i> <i>WOT Belding</i> REGISTRAR			PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
			<i>Woundell Mo</i>		<i>Aug 3</i> , 191 <i>2</i>
			UNDERTAKER		ADDRESS
			<i>Harriett O. Baker</i>		<i>429 Bank Ave</i> <i>Webster Groves Mo</i>

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

# 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*, *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 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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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County St. Louis

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Webster Grove Mo.

Registration District No. 788

File No. 27403

Primary Registration District No. 4471

Registered No. 60

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

FULL NAME Ruby Laciarae Shute

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept. 18, 1903  
(Month) (Day) (Year)

AGE 6 yrs. 10 mos. 19 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ mins.

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

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

NAME OF FATHER David H. Shute

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

MAIDEN NAME OF MOTHER Estelle May Hale

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David H. Shute

(ADDRESS) Webster Grove, Mo.

Filed Sept 5 1912 H. H. Pelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1912, to Aug 1, 1912, that I last saw her alive on Aug 1, 1912, and that death occurred, on the date stated above, at 4 1/2 a.m.

The CAUSE OF DEATH\* was as follows: infantile Paralysis

(Duration) 6 yrs. 4 mos. ds.

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

(Signed) Marshall Becker M. D.  
Aug 1, 1912 (Address) Webster Grove, 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 Marionville, Mo. DATE OF BURIAL Aug 3, 1912

UNDERTAKER Harriet B. Baker ADDRESS Webster Grove, Mo.

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