

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 Scott  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Levens Mo. (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registration District No. 1155 File No. 28362  
 Primary Registration District No. 6065B Registered No. \_\_\_\_\_  
 FULL NAME Neonua Patz [If death occurred in a hospital or institution, give its NAME instead of street and number]

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Female COLOR OF RACE White SINGLE MARRIED WIDDED OR DIVORCED (Write the word) \_\_\_\_\_  
 DATE OF BIRTH January 2, 1911  
 (Month) (Day) (Year)  
 AGE 1 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.? \_\_\_\_\_  
 OCCUPATION (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) O  
 BIRTHPLACE (City or town, State or foreign country) Farmfelt Mo.  
 PARENTS  
 NAME OF FATHER Neonua Patz  
 BIRTHPLACE OF FATHER Scott Mo.  
 MAIDEN NAME OF MOTHER Rosa Foster  
 BIRTHPLACE OF MOTHER Perry Co., Mo.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 30th, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Aug 20th, 1912, to Aug 30th, 1912  
 that I last saw her alive on Aug 29th, 1912, and that death occurred, on the date stated above, at 3 a.m.  
 The CAUSE OF DEATH\* was as follows:  
Deco-Calcic  
117B  
 (Duration) 1 yrs. 4 mos. 0 ds.  
 Contributory \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) L. S. Mayfield M. D.  
Aug 30, 1912 (Address) Levens 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 Farmfelt Mo. DATE OF BURIAL Aug 30, 1912  
 UNDERTAKER R. Bussenden ADDRESS Farmfelt

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Walter Chitty  
 (ADDRESS) Levens Mo.  
 Filed 8/30 1912  
 REGISTRAR \_\_\_\_\_

# 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*, *peritonacum*, 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.)



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 Kelso  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1155 File No. 28362  
Primary Registration District No. 6065B Registered No. \_\_\_\_\_

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

FULL NAME Neoma Pate

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH Jan. 2, 1911  
AGE 7 yrs. 28 mos. 28 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
OCCUPATION (a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Fornfeldt, Mo.  
PARENTS  
NAME OF FATHER William Pate  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Scott Co. Mo.  
MAIDEN NAME OF MOTHER Reza Foster  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Perry Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Walter Chitty  
(ADDRESS) Illmo, Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 30, 1912  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Aug. 20, 1912, to Aug. 30, 1912  
that I last saw her alive on Aug. 29, 1912  
and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH\* was as follows:  
Illeg collitari  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) L. S. Mayfield M. D.  
Aug. 30, 1912 (Address) Illmo, 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 Fornfeldt, Mo. DATE OF BURIAL Aug. 30, 1912  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
REGISTRAR R. Bussender Fornfeldt

Original file, date Aug, 1912 All information called for must be written on this Supplementary Certificate.

MARGIN RESERVE - NK - BINDING

Information shown hereon is supplied by the registrars. It should be stated EXACTLY. PHYSICIANS should state EXACTLY the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.)