

FADING 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 Stoddard  
Township Liberty  
or  
Village \_\_\_\_\_  
or  
City Bonnie (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 836 File No. 28401

Primary Registration District No. 6098R Registered No. 55

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

FULL NAME Velva Elsworth

PERSONAL AND STATISTICAL PARTICULARS

SEX Girl COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

DATE OF BIRTH 6-26-1911  
(Month) (Day) (Year)

AGE 1 yrs. 1 mos. 24 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) none

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

NAME OF FATHER David Elsworth

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

MAIDEN NAME OF MOTHER Margaret Shelby

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Elsworth

(ADDRESS) Bernie Mo

Filed Aug 20 1912 N. Callan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-20-1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8-6-, 1912 to 8-20-, 1912, that I last saw her alive on 8-19-, 1912, and that death occurred, on the date stated above, at 5:10 a.m.

The CAUSE OF DEATH\* was as follows:  
Indigestion of stomach & Bowels.  
117B  
1122 (Duration) - yrs. - mos. 16 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) - yrs. - mos. 16 ds.

(Signed) Daisy Mann M. D. (Address) Bernie 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 Former or usual residence at place of death usual.

PLACE OF BURIAL OR REMOVAL Shelby Cemetery DATE OF BURIAL 8-20-1912

UNDERTAKER M. L. Hadley ADDRESS Bernie 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*. This 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 friere symptoms or terminal conditions, such as "Asithenia," "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 septicæmia," "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 Stoddard  
 Township Liberty  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 836 File No. 28401  
 Primary Registration District No. 6098A Registered No. 55

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

FULL NAME Veltie Elsworth

## PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 6 - 26, 1911  
 (Month) (Day) (Year)

AGE 1 yrs. 1 mos. 24 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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

NAME OF FATHER David Elsworth

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

MAIDEN NAME OF MOTHER Sarah Shelby

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Elsworth

(ADDRESS) Bernie, Mo.

Filed 12/10 1911 N. C. Albin

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 - 20, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8-16, 1912, to 8-20, 1912

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1912,

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

The CAUSE OF DEATH\* was as follows:

Contributory \_\_\_\_\_

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

(Signed) \_\_\_\_\_ M. D.

8/20 1912 (Address) Bernie, 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 Shelby Cemetery DATE OF BURIAL 8-20, 1912

UNDERTAKER M. J. Hodley ADDRESS Bernie, Mo.

Original file, date 16 1915

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.)