

MAINLY, 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 Washington
 County Washington
 Township Bristol Registration District No. 887 File No. 28530
 or
 Village _____ Primary Registration District No. 6179 Registered No. 5-0
 or
 City Potosi (NO. _____ St. _____ Ward _____)

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

FULL NAME Olivia Day Evans

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept. 20: 1888 30, 1888
 (Month) (Day) (Year)

AGE 63 yrs. 10 mos. 14 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife 1338
 (b) General nature of industry, business, or establishment in which employed (or employer) X 9-0 1325

BIRTHPLACE (City or town) Washington County
 (State or foreign country) Missouri

NAME OF FATHER George Day

BIRTHPLACE OF FATHER (City or town, State or foreign country) England

MAIDEN NAME OF MOTHER Rosie Denton

BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John S. Evans

(ADDRESS) L. T. Hall

Filed Aug 6, 1912 S. F. Thurman
 REGISTRAR

Mrs. Williams H. Evans

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 o'clock P.M. Aug. 4th, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 26th, 1912, to time of death, that I last saw her alive on Aug. 4th, 1912, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Haemorrhagic
Nephrosis - renal
in hemorrhage of bowels
about 10 miles Duration) ___ yrs. 2 mos. ___ ds.

Contributory (SECONDARY) None (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Leah T. Hull M. D.
Aug 5, 1912 (Address) Potosi 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 Hopewell Mo.

PLACE OF BURIAL OR REMOVAL Hopewell DATE OF BURIAL 8-6, 1912

UNDERTAKER J. B. Boyer ADDRESS Potosi 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*, *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*, *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.)

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 Washington
Township Bretton
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 887 File No. 28530
Primary Registration District No. 6179 Registered No. 50

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

FULL NAME Eliza Day Evens

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug. 4, 1912
(Month) (Day) (Year)

DATE OF BIRTH Sept. 20, 1858
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 26, 1912, to time of death that I last saw her alive on Aug. 4, 1912 and that death occurred, on the date stated above, at 6 p.m.

AGE 63 yrs. 10 mos. 14 ds. IF LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:
Haemorrhage of Kidneys - presence of albumen & traces of blood found in urine several days before death
(Duration) 7 yrs. 5 mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

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

Contributory (SECONDARY) (Duration) 12 yrs. 12 mos. ds.

NAME OF FATHER George Day

(Signed) Saml. T. Hall M. D. Aug. 5, 1912 (Address) Potosi, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) England

MAIDEN NAME OF MOTHER Rose Denton

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?

(Informant) John S. Evens

Former or usual residence

(ADDRESS) Hopewell, Mo.

PLACE OF BURIAL OR REMOVAL Hopewell DATE OF BURIAL 8-6, 1912

Filed Oct 7, 1912 S. F. Thurman REGISTRAR

UNDERTAKER J. B. Boyer & Son ADDRESS Potosi, Mo.

WRITE UP. 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

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