

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	<u>Dade</u>	Registration District No.	<u>225</u>	File No.	<u>29137</u>
Township	<u>Polk</u>	Primary Registration District No.	<u>1322</u>	Registered No.	<u>21</u>
Village					
City		(NO.)		St.	Ward
FULL NAME			<u>W A Brann</u>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>white</u>	<u>married</u>	<u>Sep 24</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH		AGE	I HEREBY CERTIFY, that I attended deceased from		
<u>March 9</u> , 18 <u>87</u> (Month) (Day) (Year)		<u>65</u> yrs. <u>6</u> mos. <u>18</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?	<u>Sep 19</u> , 191 <u>2</u> , to <u>Sep 24</u> , 191 <u>2</u> , that I last saw him alive on <u>Sep 24</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>12 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Strangulated Hernia</u> <u>12311</u> <u>1231</u> <u>109</u> (Duration) ____ yrs. ____ mos. <u>2</u> ds. Contributory <u>Anterior following operation</u> (Secondary) (Duration) ____ yrs. ____ mos. <u>1</u> ds. (Signed) <u>B B Kirby</u> M. D. <u>Specy</u> , 191 <u>2</u> (Address) <u>Dadeville Mo</u>		
OCCUPATION (a) Trade, profession, or particular kind of work		BIRTHPLACE (City or town, State or foreign country)			
<u>House wife</u>		<u>Tenn</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)		PARENTS			
<u>general house work</u>		NAME OF FATHER			
		<u>A J Parker</u>			
		BIRTHPLACE OF FATHER (City or town, State or foreign country)			
		<u>C</u>			
		MAIDEN NAME OF MOTHER			
		<u>Annie Sirell</u>			
		BIRTHPLACE OF MOTHER (City or town, State or foreign country)			
		<u>C</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Q. V. Grisham</u>					
(ADDRESS) <u>Cash Grove</u>					
Filed <u>9/24</u> <u>1912</u> <u>Marion Miller</u> REGISTRAR					
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<u>Brann Cemetery</u>			<u>Sep 25</u> , 191 <u>2</u>		
UNDERTAKER			ADDRESS		
<u>Spencer & Hubston</u>			<u>Dadeville</u>		

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

County Madison
Township Park
or
Village
or
City

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

Registration District No. 235 File No. X
Primary Registration District No. 5322 Registered No. 21
St. _____ Ward _____

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

FULL NAME

N. A. Brame

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 9, 1847
(Month) (Day) (Year)

AGE 65 yrs. 6 mos. 10 ds. IF LESS than 1 day, _____ hrs. or _____ mins.

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

BIRTHPLACE (City or town, State or foreign country) Tenn

PARENTS NAME OF FATHER A. J. Parker BIRTHPLACE OF FATHER Tenn
MAIDEN NAME OF MOTHER George Sewell BIRTHPLACE OF MOTHER Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Oliver G. Gish
(ADDRESS) Ash Grove

File Nov 13, 1912 Warris Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 19, 1912, to Sept. 24, 1912, that I last saw him alive on Sept. 24, 1912, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows: Strangulated Hernia

(Duration) _____ yrs. _____ mos. 2 ds.
Contributory peritonitis following
operation (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) B. B. Kirby M. D.
Sept. 24, 1912 (Address) Wadeville

*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 Brame Cemetery DATE OF BURIAL Sept. 25, 1912
UNDERTAKER Spencer & Hulston ADDRESS Wadeville

Original file, date Oct 24, 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.)