

MARGIN RESERVED FOR BINDING

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	Ripley		Registration District No.	7567	File No.	3056931
Township	Washington		Primary Registration District No.	<del>5995</del> 5995	Registered No.	18
or Village			(NO. _____) St.	✓	Ward)	
or City			(If death occurred in a hospital or institution, give its NAME instead of street and number)			
FULL NAME			Sara A. Humphrey			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (If wife the widow)	DATE OF DEATH			
Female	White	Widowed	August 27, 1912 (Month) (Day) (Year)			
DATE OF BIRTH		AGE	I HEREBY CERTIFY, that I attended deceased from			
Jan 26, 1849 (Month) (Day) (Year)		63 yrs. 7 mos. 7 ds. IF LESS than 1 day, ___ hrs. or ___ min.?	8/3, 1912, to 8/27, 1912, that I last saw her alive on 8/27, 1912, and that death occurred, on the date stated above, at p. m.			
OCCUPATION		The CAUSE OF DEATH* was as follows:				
(a) Trade, profession, or particular kind of work Housewife		Ectis colitis				
(b) General nature of industry, business, or establishment in which employed (or employer) General Store work		1203 1/2				
BIRTHPLACE		Contributory				
(City or town, State or foreign country) not known		(Duration) ___ yrs. ___ mos. 30 ds.				
PARENTS	NAME OF FATHER		(Duration) ___ yrs. ___ mos. ___ ds.			
	GEOFF MOORE		(Signed) H. E. White M. D.			
	BIRTHPLACE OF FATHER		8/28, 1912 (Address) Fairdale			
	(City or town, State or foreign country) not known		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
MOORE		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.				
BIRTHPLACE OF MOTHER		Where was disease contracted if not at place of death?				
(City or town, State or foreign country) not known		Former or usual residence.				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant)		PLACE OF BURIAL OR REMOVAL				
H. J. Humphrey		Arnold Cem.				
(ADDRESS)		DATE OF BURIAL				
Gamburg, Mo.		8/28, 1912				
Filed 8/29, 1912		UNDERTAKER				
H. E. White		Earnest Green				
REGISTRAR		ADDRESS				
		Naylor 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*, *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 contribution (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death 29 ds.); *Bronchopneumonia* (secondary), 10. 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 septicemia," "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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH  
 County Ripley  
 Township Washington  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 754  
 Primary Registration District No. 5995

File No. \_\_\_\_\_ (31)  
 Registered No. 18 (10)

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

FULL NAME Sara A. Humphrey

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug. 27, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Jan. 26, 1849  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1912, to 8/27, 1912, that I last saw her alive on 8/27, 1912.

AGE 63 yrs. 7 mos. 7 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

and that death occurred, on the date stated above, at 1 p. m.

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

The CAUSE OF DEATH\* was as follows:

Ileo Colitis

BIRTHPLACE (City or town, State or foreign country) Not known

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

NAME OF FATHER James Davis

Contributory \_\_\_\_\_

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

BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known

(Signed) H. E. White M. D.

8/28, 1912 (Address) Fair dealing

MAIDEN NAME OF MOTHER Mary Moore

\*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) Not known

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) H. T. Humphrey  
 (ADDRESS) Gamburg, Mo.

Former or usual residence \_\_\_\_\_

Filed 8/29, 1912 H. E. White  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Arnold Cem. DATE OF BURIAL 8-28, 1912

UNDERTAKER Carnest Green ADDRESS Naylor Mo.

Original file, date \_\_\_\_\_, 19 \_\_\_\_\_

All information called for must be written on this Supplementary Certificate.

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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.)

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