

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 Camden ✓  
Township Jackson  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
Registration District No. 119 File No. 32215  
Primary Registration District No. 5791 Registered No. \_\_\_\_\_  
FULL NAME Cynthia George [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>Oct 21, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>September 9, 1842</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Oct 20, 1912, to Oct 21, 1912,</u> that I last saw her alive on <u>Oct 20, 1912,</u> and that death occurred, on the date stated above, at <u>7<sup>30</sup> AM.</u>		
AGE <u>70</u> yrs. <u>11</u> mos. <u>11</u> ds. if LESS than 1 day, ___ hrs. or ___ min.?			The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			(Duration) ___ yrs. ___ mos. ___ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>			Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.		
PARENTS	NAME OF FATHER <u>S. S. Poppewell</u>		(Signed) <u>A. Clarke</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>		<u>Oct 21, 1912</u> (Address) <u>Montreal</u>		
	MAIDEN NAME OF MOTHER <u>Polly Meredith</u>		*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) <u>Indiana</u>		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 (Informant) <u>Sholson George</u> (ADDRESS) <u>Toronto, Mo.</u>			Where was disease contracted if not at place of death? Former or usual residence _____		
Filed <u>Oct 22, 1912</u> <u>A. Clarke</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Freedom Cem</u>		DATE OF BURIAL <u>Oct 22, 1912</u>
			UNDERTAKER <u>Carnel Fowler</u>		ADDRESS <u>Montreal</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*, *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*. 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, peritonaeum*, 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 septichæmia," "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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PLACE OF DEATH  
 County Caudeu  
 Township Jackson  
 or  
 Village  
 or  
 City

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.

Registration District No. 119 File No. 32215  
 Primary Registration District No. 5171 Registered No.

FULL NAME Cynthia George (NP. St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept. 9, 1842  
 (Month) (Day) (Year)

AGE 70 yrs. 11 mos. 11 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ mln.?

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

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

PARENTS  
 NAME OF FATHER S. G. Poppewell  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
 MAIDEN NAME OF MOTHER Polly Meriditt  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Gholson George  
 (ADDRESS) Toronto Mo.

Filed Oct 22 1912 REGISTRAR W. J. Clarke

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 20, 1912, to Oct. 21, 1912, that I last saw her alive on Oct. 20, 1912, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Cerebral hemorrhage

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

(Signed) W. J. Clarke M. D. (Address) Montreal  
 Oct. 21, 1912

\*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 Freedom Cem. DATE OF BURIAL Oct 22 1912  
 UNDERTAKER Earnest Fowler ADDRESS Montreal

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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 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.)