

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>Cole</u>	Registration District No.	<u>2 14</u>
Township	Monroe	File No.	<u>22402</u>
Village	<u>Russellville Mo</u>	Primary Registration District No.	<u>4130</u>
City	(NO. _____) (St. _____ Ward _____)	Registered No.	<u>17</u>
FULL NAME <u>Margaret M Enloe</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)	DATE OF DEATH <u>Oct 2</u> , 191 <u>2</u> (Month) (Day) (Year)
DATE OF BIRTH <u>June 9</u> , 18 <u>33</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Aug, 9</u> , 191 <u>2</u> , to <u>Oct 2</u> , 191 <u>2</u> , that I last saw her alive on <u>Oct 2</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3 P.m.</u>	
AGE <u>79</u> yrs. <u>3</u> mos. <u>23</u> ds.		The CAUSE OF DEATH* was as follows: <u>82)</u> <u>Hemiplegia</u> <u>10/2</u> (Duration) yrs. <u>1</u> mos. <u>24</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) <u>0=0</u>		Contributory (Signed) <u>W.L. Leslie</u> M. D. <u>Oct 3</u> 191 <u>2</u> (Address) <u>Russellville Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Tenn</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>William Leslie</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. _____ mos. _____ ds. In the State yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>	Where was disease contracted if not at place of death? Former or usual residence _____	
	MAIDEN NAME OF MOTHER <u>Simpson</u>	PLACE OF BURIAL OR REMOVAL <u>Emloe Cemetery</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____	DATE OF BURIAL <u>Oct 4</u> , 191 <u>2</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs Sam Jones</u> (ADDRESS) <u>Russellville Mo</u>		UNDERTAKER <u>M Schubert</u>	
Filed <u>Oct 3</u> , 191 <u>2</u> <u>J. B. Martin</u> REGISTRAR		ADDRESS <u>Russellville Mo</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*, *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.)



ORIGINAL FILE RESERVED FOR PENDING

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PLACE OF DEATH

County Cole
 Township _____
 or
 Village Russellville
 or
 City _____ (NO. _____ St.: _____ Ward _____)

BUREAU OF VITAL STATISTICS
 REGISTRATION DISTRICT NO. 214
 FILE NO. 32402
 REGISTERED NO. 17

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

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

FULL NAME Margaret M. Enloe

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED widowed
 (Write the word)
 DATE OF BIRTH June 9, 1883
 (Month) (Day) (Year)
 AGE 79 yrs. 3 mos. 23 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) Pennsylvania

PARENTS
 NAME OF FATHER William Deelie
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn.
 MAIDEN NAME OF MOTHER Esther Simpson
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Sam Jones

(ADDRESS) Russellville, Mo.

Filed Oct 3 1912 J. B. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 9, 1912, to Oct. 2, 1912, that I last saw her alive on Oct. 2, 1912, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:
Hemiplegia
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. L. Leslie M. D.
Oct. 3, 1912 (Address) Russellville

*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 Enloe Cemetery DATE OF BURIAL Oct. 4, 1912
 UNDERTAKER M. Schubert ADDRESS Russellville

Original file, date OCT 3, 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
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