

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 Missouri
Township Little Prairie Registration District No. 651 File No. 33717
Village _____ Primary Registration District No. 5864 Registered No. 152
City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Carlise Bramlett

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH _____, _____. _____. _____. (Month) (Day) (Year)		
AGE _____. _____. _____. yrs. mos. ds.		IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) none

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

PARENTS

NAME OF FATHER <u>Louis Bramlett</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tennessee</u>
MAIDEN NAME OF MOTHER <u>Miss Hart</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tennessee</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Watkins
(ADDRESS) Caruthers Mo.

Filed 10/24, 1912 B. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 18, 1912, to Oct 23, 1912, that I last saw her alive on Oct 21, 1912, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Ejection of Brain
38
(Duration) yrs. mos. ds. 15

Contributory Malaria
(SECONDARY) (Duration) yrs. mos. ds. 10

(Signed) M. P. Hamilton M. D.
Oct 24, 1912 (Address) Caruthers 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 all life yrs. mos. ds. In the all life State all life yrs. mos. ds.
Where was disease contracted
If not at place of death?
Former or usual residence X

PLACE OF BURIAL OR REMOVAL <u>Braggadonia</u>	DATE OF BURIAL <u>10/24</u> , 191 <u>2</u>
UNDERTAKER <u>A. LaFosse</u>	ADDRESS <u>eville</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*, *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 RE-BUREAU OF VITAL STATISTICS
UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CERTIFICATE OF DEATH

PLACE OF DEATH
County Pemiscot
Township Little Prairie
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 651 File No. 33717
Primary Registration District No. 5862 Registered No. 152

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

FULL NAME Earline Bramlett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED single
(If write the word)
DATE OF BIRTH Dec. 19th 1911
(Month) (Day) (Year)
AGE 10 yrs. 4 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Oct. 23, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Oct. 23, 1912,
that I last saw her alive on Oct. 21, 1912,
and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:

Congestion of brain

BIRTHPLACE (City or town, State or foreign country) Pemiscot Co. Mo.
PARENTS
NAME OF FATHER Lionie Bramlett
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.
MAIDEN NAME OF MOTHER Una Hart
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory malaria
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) M. B. Hemley M. D.
Oct. 24, 1912 (Address) Caruthersville

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. A. Bramlett X
(ADDRESS) Caruthersville Mo.

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 _____

Filed 12/12 X 1912 B. S. S. S. S. X
REGISTRAR

PLACE OF BURIAL OR REMOVAL Braggadocia DATE OF BURIAL 10-24, 1912
UNDERTAKER A. C. La Forge ADDRESS Coilles

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.

PRELIMINARY

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.)