

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 Scott
Township _____ or Village _____ or City Chaffee Mo (NO. _____) (St. _____ Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number]

Registration District No. 816 File No. 34959
Primary Registration District No. 4492 Registered No. 92

FULL NAME Anna French

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)

DATE OF BIRTH Sept 7, 1912
(Month) (Day) (Year)

AGE 1 yrs. 7 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Cape Girardeau, Mo

PARENTS:
NAME OF FATHER C. H. French
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kingston, Mo
MAIDEN NAME OF MOTHER Grand G. Shaw
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Paragould, Mo

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 13, 1912, to Oct 13, 1912, that I last saw her alive on Oct 13, 1912, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Malnutrition
Chronic Indigestion
1120
158 (Duration) yrs. _____ mos. 7 ds.

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

(Signed) W. O. French, M. D. (Address) Chaffee 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 yrs. _____ mos. _____ ds. In the State yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence: _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Off French
(ADDRESS) Chaffee Mo

Filed Oct 14 1912 W. Sample REGISTRAR

PLACE OF BURIAL OR REMOVAL Chaffee Mo DATE OF BURIAL 10/15, 1912

UNDERTAKER W. Sample ADDRESS Chaffee

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.)



APR 1 1907

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH
County Scott
Township
or
Village Chaffee
or
City _____ (NO. _____) St. _____ Ward _____

Registration District No. 816 File No. 34959
Primary Registration District No. 4492 Registered No. 192

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

FULL NAME Anna French

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Sept. 7</u> , 19 <u>12</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>7</u> mos. <u>7</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Child</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>"</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Cape Girardeau, Mo.</u>		
PARENTS	NAME OF FATHER <u>C. H. French</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Keosauqua Co. Ind.</u>	
	MAIDEN NAME OF MOTHER <u>Mrs. M. Shaw</u>	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Paragould Ark.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Oct. 13, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 13, 1912, to Oct. 13, 1912, that I last saw her alive on Oct. 13, 1912, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:
Malnutrition, emaciation, inability to assimilate any food taken, the body then for weeks taking away from state of maintenance and strength.
(Duration) 0 yrs. 0 mos. 0 ds.

Contributory Chronic Indigestion
(SECONDARY) (Duration) 7 yrs. 7 mos. 7 ds.

(Signed) W. P. Ferguson, M. D.
Oct. 14, 1912 (Address) Chaffee, Mo.

*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
C. H. French
(Informant)
Chaffee, Mo.
(ADDRESS)
Filed Oct 14 1912 REGISTRAR H. C. Stubbs

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 <u>Clarkton, Mo.</u>	DATE OF BURIAL <u>10-17-1912</u>
UNDERTAKER <u>H. C. Stubbs</u>	ADDRESS <u>Chaffee</u>

WRITE PLAINLY. B. UNFAD. MARGIN SERVED FOR FINDING

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MENT RECORD

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[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.)