

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>Cooper</u>	Registration District No.	<u>572</u>	File No.	<u>35688-C</u>
Township	<u>South Mountain</u>	Primary Registration District No.	<u>5-310</u>	Registered No.	<u>12</u>
Village		City	(NO. _____) St. _____	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>Katharine Gertrude English</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>Nov.</u>	<u>19</u>	<u>1912</u>
DATE OF BIRTH			(Month) (Day) (Year)		
<u>Apr 1</u>			<u>1912</u>		
AGE			IF LESS than 1 day, ___ hrs. or ___ min.?		
<u>0</u> yrs. <u>7</u> mos. <u>18</u> ds.					
OCCUPATION			I HEREBY CERTIFY, that I attended deceased from		
(a) Trade, profession, or particular kind of work <u>Infant</u>			<u>Nov 12</u> , 1912, to <u>Nov 19</u> , 1912,		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>			that I last saw her alive on <u>Nov 18</u> , 1912,		
BIRTHPLACE			and that death occurred, on the date stated above, at <u>5:30</u> Am.		
(City or town, State or foreign country) <u>Cooper Co. Mo.</u>			The CAUSE OF DEATH* was as follows:		
NAME OF FATHER <u>Carl Royd English</u>			<u>Meningitis</u>		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cooper Co. Mo.</u>			<u>24A</u>		
MAIDEN NAME OF MOTHER <u>Alice Maid Rowshaw</u>			<u>158</u>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cooper Co. Mo.</u>			(Duration) <u>0</u> yrs. <u>0</u> mos. <u>8</u> ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Contributory <u>Malaria &amp; Teething</u>		
(Informant) <u>Carl B. English</u>			(Signed) <u>H.C. Froudenberg</u> M. D.		
(ADDRESS) <u>Clarksburg Mo.</u>			<u>Nov 19</u> , 1912 (Address) <u>Clarksburg, Mo.</u>		
Filed <u>Nov. 19</u> , 1912, <u>H.C. Froudenberg</u> REGISTRAR			*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		DATE OF BURIAL
			<u>Old Fellows Cem. Clarksburg Mo.</u>		<u>Nov 20</u> , 1912
			UNDERTAKER		ADDRESS
			<u>Wills &amp; Lodge</u>		<u>Clarksburg 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, 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, 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 septichaemia," "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.)



WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD

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PLACE OF DEATH  
 County Cooper  
 Township S. Mountain  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 572 File No. \_\_\_\_\_  
 Primary Registration District No. 5310 Registered No. 12

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

FULL NAME Katharine Gertrude English

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED S.  
(Write the word)

DATE OF BIRTH April 1, 1912  
(Month) (Day) (Year)

AGE 7 mos. 18 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) \_\_\_\_\_

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

PARENTS  
 NAME OF FATHER Carter B. English  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo  
 MAIDEN NAME OF MOTHER Alley Maud Ruskau  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cooper Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Carter B. English  
 (ADDRESS) Clarksburg Mo

Filed Jan 5, 1913 O. C. Frensdorfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 12, 1912, to Nov 19, 1912, that I last saw her alive on Nov 18, 1912, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Menengitis  
Presumably Tubercular  
Certain it was not epidemic  
 (Duration) \_\_\_ yrs. \_\_\_ mos. 8 ds.

Contributory teething  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) O. C. Frensdorfer M. D.  
Jan 5, 1913 (Address) Clarksburg

\*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 Old Fellows Cem DATE OF BURIAL Nov 20, 1912  
 UNDERTAKER Wicks & Hodge ADDRESS Clarksburg Mo

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