

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 Greene ✓  
 County Greene  
 Township \_\_\_\_\_ Registration District No. 318 File No. 35870  
 or \_\_\_\_\_  
 Village \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 625  
 or \_\_\_\_\_  
 City Springfield St. \_\_\_\_\_ Ward \_\_\_\_\_  
 FULL NAME Mary R. Winters [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>widow</u>	DATE OF DEATH <u>November 24</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 1</u> , 18 <u>52</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov. 18</u> , 191 <u>2</u> , to <u>Nov. 24</u> , 191 <u>2</u> , that I last saw her alive on <u>Nov. 24</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>1 P.</u> m.	
AGE <u>60</u> yrs. <u>3</u> mos. <u>23</u> ds.			The CAUSE OF DEATH* was as follows: <u>Acute Intestinal Obstruction</u> <u>12:30</u> <u>12:28</u> <u>12:28</u> (Duration) — yrs. — mos. — ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			Contributory (SECONDARY) <u>?</u> (Duration) — yrs. — mos. — ds. (Signed) <u>T. B. Herbert</u> M. D. <u>11-25-1912</u> (Address) <u>Lebanon, Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Virginia</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>Colman</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>don't know</u>		Where was disease contracted if not at place of death? _____	
	MAIDEN NAME OF MOTHER <u>Herbert</u>		Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>don't know</u>		PLACE OF BURIAL OR REMOVAL <u>Trenton Mo</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Dr. Herbert</u>			DATE OF BURIAL <u>Nov 27</u> , 191 <u>2</u>	
(ADDRESS) <u>Lebanon, Mo</u>			UNDERTAKER <u>J W Klinger</u>	
Filed <u>Nov 25</u> , 191 <u>2</u> , <u>Wilbur Smith</u> REGISTRAR			ADDRESS <u>432 E Coul</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 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.)



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REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS  
 CEIVE A FEE FOR CERTIFICATES  
 UNTIL THEY ARE COMPLETED AS  
 PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Greene  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Springfield (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 318 File No. \_\_\_\_\_  
 Primary Registration District No. 2001 Registered No. 625

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

FULL NAME Mary R. Winters

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) wid

DATE OF BIRTH Aug 1, 1852  
 (Month) (Day) (Year)

AGE 60 yrs. 3 mos. 23 ds. if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

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

PARENTS  
 NAME OF FATHER Herbert  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) unk.  
 MAIDEN NAME OF MOTHER Herbert  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unk.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Dr. Herbert

(ADDRESS) Lebanon Mo.

Filed Jan 6 1913 W. L. Melbur Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 8, 1912, to Nov 24, 1912, that I last saw her alive on Nov 24, 1912, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH\* was as follows:  
Acute Intestinal obstruction, from an ab-  
cess involving the ileum  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

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

(Signed) J. D. Herbert M. D.  
Jan 7, 1913 (Address) Lebanon 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Lebanon Mo DATE OF BURIAL Nov 27, 1912  
 UNDERTAKER J. N. Klugman ADDRESS 432 E. Com

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