

WHILE PLAINLY, WITH-OUT TRADING INK—LIFE—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 Laddard ✓
Township Pike Registration District No. 836 File No. 38642
or Village Bell City, Mo. Primary Registration District No. 4506 Registered No. 86
or City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Mary Irene McIntosh

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>
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DATE OF BIRTH
2 28, 1900
(Month) (Day) (Year)

AGE
12 yrs. 8 mos. 7 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) - O

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

PARENTS	NAME OF FATHER <u>John McIntosh</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Scott Co., Mo.</u>
	MAIDEN NAME OF MOTHER <u>Sara A. Hoffer</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cape Co., Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John McIntosh
(ADDRESS) Bell City, Mo.

Filed 11/5, 1912, C. O. Bennett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
11 6, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 10/26, 1912, to 11/5, 1912, that I last saw her alive on 11/5, 1912, and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Inflammation of the Brain
7813
(Duration) 10 yrs. - mos. - ds.

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

(Signed) C. O. Bennett M. D.
11/5, 1912, (Address) Bell City, 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 <u>Shrum Cemetery</u>	DATE OF BURIAL <u>11/5</u> , 19 <u>12</u>
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UNDERTAKER <u>J. S. Coughlan, Bell City, Mo.</u>	ADDRESS
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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.)

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

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MISSOURI STATE BOARD OF HEALTH

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 Stoddard
Township _____
or
Village Beel City
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 835 File No. _____
Primary Registration District No. 4506 Registered No. 83

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

FULL NAME Mary Irene McDutosh

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>F</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>S.</u>	DATE OF DEATH <u>11/5</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>2 28</u> , 190 <u>0</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>10/27</u> , 191 <u>2</u> , to <u>11/5</u> , 191 <u>2</u> , that I last saw her alive on <u>11/5</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>11 a.</u> m.	
AGE <u>12</u> yrs. <u>8</u> mos. <u>7</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Inflammation of the Brain</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>School girl</u>			(Duration) <u>60</u> yrs. <u>10</u> mos. <u>10</u> ds.	
(b) General nature of industry, business, or establishment in which employed (or employer)			Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Cape Co Mo</u>			(Signed) <u>C. O. Bennett</u> M. D. <u>11/5</u> , 191 <u>2</u> . (Address) <u>Beel City, Mo.</u>	
PARENTS	NAME OF FATHER <u>John McDutosh</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Scott Co Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	MAIDEN NAME OF MOTHER <u>Norma Hopper</u>		Where was disease contracted If not at place of death? _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cape Co Mo</u>		Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>John McDutosh</u>			PLACE OF BURIAL OR REMOVAL <u>Shrum Cem</u>	
(ADDRESS) <u>Beel City Mo.</u>			DATE OF BURIAL <u>11/6</u> , 191 <u>2</u>	
Filed <u>11/5</u> , 191 <u>2</u> . <u>C. O. Bennett</u> REGISTRAR			UNDERTAKER <u>F. S. Conyleton</u>	
			ADDRESS <u>Beel City Mo.</u>	

Original file, date 11 5, 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
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.)

2/28/12