

## PLACE OF DEATH

County

Ruchanan

Township

or

Village

or

City

St. Joseph

Registration District No.

85

File No.

38355

Primary Registration District No.

1001

Registered No.

1019

NO.

2210 Calhoun

St.:

Ward)

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

FULL NAME

Annis H. McPherson

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

WhiteSINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)Married

DATE OF BIRTH

Nov81881

(Month)

(Day)

(Year)

AGE

31

yrs.

0

mos.

22

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)

g-o

BIRTHPLACE

(City or town, State or foreign country)

Tennessee

NAME OF FATHER

Wm S. Howard

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Tenn.

MAIDEN NAME OF MOTHER

Annal P. Dobbin

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ann H. McPherson

(ADDRESS)

2210 Calhoun

Filed

Dec 2

1912

W E Harrington

REGISTRAR

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Nov301912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

Nov 29

, 1912, to

Nov 30

, 1912,

that I last saw her alive on

Nov. 30

, 1912,

and that death occurred, on the date stated above, at

5 P.

The CAUSE OF DEATH\* was as follows:

Convulsions Nonpuerperal.1298713

(Duration)

yrs.

mos.

1/2 hour

Contributor

(SECONDARY)

(Duration)

yrs.

mos.

4

(Signed)

H. H. Hedover

M. D.

Dec. 2

(Address)

St. Joseph 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

Oakland Cem

DATE OF BURIAL

Dec 4

1912

UNDERTAKER

R. Meserhoffer

ADDRESS

824 Franklin

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.

RECORD

# 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*, *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 *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.)

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 Buchanan  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City St. Joseph (No. 2210 Calhoun St.; \_\_\_\_\_ Ward)

Registration District No. 85 File No. 38355  
 Primary Registration District No. 1001 Registered No. 1019

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

FULL NAME Lennie H. McPherson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M.</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>m.</u>
DATE OF BIRTH _____ (Month) (Day) (Year)		
AGE <u>31</u> yrs. <u>0</u> mos. <u>22</u> ds.		if LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>house wife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Lenni</u>		
PARENTS	NAME OF FATHER <u>Mr S. Howard</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Lenni</u>	
	MAIDEN NAME OF MOTHER <u>Angie P. Robbins</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Lenni</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Nov. 30, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 29, 1912, to Nov. 30, 1912, that I last saw her alive on Nov. 30, 1912, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH\* was as follows:  
Convulsions (non febrile) from toxic cerebral irritation

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1/2 ds.

Contributory Peritonitis  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

(Signed) J. W. Harrison M. D.  
Dec 4, 1912 (Address) St. Joseph 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  
 (Informant) Hugh C. McPherson  
 (ADDRESS) 2210 Calhoun

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 Jan 11, 1913 by W. E. Harrington REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Oakland Cem.

DATE OF BURIAL  
Dec 4, 1912

UNDERTAKER  
R. Mieschoffer

ADDRESS  
824 Felix

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.

Supplementary 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.)