

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>Butler</u>	Registration District No.	<u>1089</u>	File No. <u>38505A</u>
Township	<u>Cane Creek</u>	Primary Registration District No.	<u>5136</u>	Registered No. <u>5</u>
or				
Village				
or				
City		(NO. _____ St. _____ Ward)		(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>Stella Walton</u>				
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)	DATE OF DEATH <u>Dec. 8, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct. 30, 1885</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec. 4th</u> , 1912, to <u>Dec. 8</u> , 1912, that I last saw him alive on <u>Dec. 4</u> , 1912, and that death occurred, on the date stated above, at <u>2 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
AGE <u>17</u> yrs. <u>1</u> mos. <u>8</u> ds.			10892 (Duration) yrs. mos. <u>4</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>General House work</u> (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>Ellsimer Mo.</u>			(Signed) <u>L. L. Sheets</u> M. D. <u>Dec. 8, 1912</u> (Address) <u>Ellsimer Mo.</u>	
PARENTS	NAME OF FATHER <u>Lee Walton</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>Butler Co. Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>Louise Ann Macy</u>		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Butler Co. Mo.</u>		Where was disease contracted if not at place of death?	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lee Walton</u>			Former or usual residence _____	
(ADDRESS) <u>Ellsimer Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Shiloh Cemetery</u>	
Filed <u>Dec 8, 1912</u> <u>J. B. Easley</u> REGISTRAR			DATE OF BURIAL <u>Dec 9th, 1912</u>	
			ADDRESS _____	

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.)



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PLACE OF DEATH

County Butler
 Township Cane Creek
 or
 Village
 or
 City

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1089 File No. 1

Primary Registration District No. 5136 Registered No. 3

FULL NAME

Stella Walton

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

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH

Oct. 30, 1895
 (Month) (Day) (Year)

AGE

17 yrs. 1 mos. 8 ds.
 If LESS than
 1 day, hrs. or min.

OCCUPATION
 (a) Trade, profession, or
 particular kind of work

General

(b) General nature of industry,
 business, or establishment in
 which employed (or employer)

Housework

BIRTHPLACE

(City or town, State or foreign country) near Ellsinore Mo.

PARENTS

NAME OF
 FATHER

Lee Walton

BIRTHPLACE
 OF FATHER
 (City or town, State or foreign country)

Butler Co.

MAIDEN NAME
 OF MOTHER

Lily Ann Macy

BIRTHPLACE
 OF MOTHER
 (City or town, State or foreign country)

Butler Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Walton

(ADDRESS) Ellsinore Mo.

Filed

Dec 9 1912 J. B. Emswiler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec. 8, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Dec. 4, 1912, to Dec. 8, 1912,
 that I last saw her alive on Dec. 8, 1912,
 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Contributory
 (SECONDARY)

(Duration) yrs. mos. ds.
 (Signed) G. G. Sheets M. D.
Dec. 8, 1912 (Address) Ellsinore 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

Shiloh Cemetery

DATE OF BURIAL

Dec. 9, 1912

UNDERTAKER:

Ellsinore Mercantile

ADDRESS

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.)