

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 Cooper

Township _____

or

Village _____

or

City Pilot Grove Mo. (NO. _____)

Registration District No. 222

File No. 38766

Primary Registration District No. 4128

Registered No. 71

St. _____ Ward _____

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

FULL NAME Adelia Ann Mitzel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec. 6, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb. 8, 1848
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 4, 1912, to Dec 6, 1912, that I last saw her alive on Dec. 6, 1912,

AGE 64 yrs. 9 mos. 29 ds. If LESS than 1 day, ___ hrs. or ___ min.?

and that death occurred, on the date stated above, at 2.9 a.m.
The CAUSE OF DEATH* was as follows:

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

Absence of New Brain
1912

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

(Duration) 1 yrs. 3 mos. 3 ds.

NAME OF FATHER Alfred Simmons

Contributory Chronic Otitis Media
(SECONDARY) (Duration) 20 yrs. 2 mos. 2 ds.

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

(Signed) T. O. Pennington M. D.
Dec 8, 1912 (Address) T. O. Pennington

MAIDEN NAME OF MOTHER Elizabeth Simmons

*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 MOTHER (City or town, State or foreign country) Kentucky

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) Mallie B. Moser

Where was disease contracted if not at place of death? _____

(ADDRESS) Vindson Mo

Former or usual residence _____

Filed Dec 8, 1912 by T. O. Pennington

PLACE OF BURIAL, OR REMOVAL Pilot Grove Mo DATE OF BURIAL Dec 8, 1912

REGISTRAR

UNDERTAKER Elliott Chapman ADDRESS Pilot Grove Mo.

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 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.)

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

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
 County Cooper
 Township _____ or Village _____ or City Pilot Grove (NO. _____ St.: _____ Ward _____)
 Registration District No. 222 File No. _____
 Primary Registration District No. 4135 Registered No. 21
 FULL NAME Adelia Ann Mitzel
 [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 widowed MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb. 8, 1848
 (Month) (Day) (Year)

AGE 64 yrs. 9 mos. 29 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) Boonville Mo.

PARENTS
 NAME OF FATHER Alfred Simmons
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
 MAIDEN NAME OF MOTHER Elizabeth Simmons
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 4, 1912, to Dec. 6, 1912, that I last saw her alive on Dec. 6, 1912, and that death occurred, on the date stated above, at 2a p.m.

The CAUSE OF DEATH* was as follows:
Abscess of the brain

(Duration) ____ yrs. ____ mos. ____ ds.
 Contributory Chronic - otitis media
 (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) J. O. Pundleton M. D. Dec. 8, 1912 (Address) Pilot Grove

*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 Pilot Grove Mo. DATE OF BURIAL Dec. 8, 1912
 UNDERTAKER Elliott + Chapman ADDRESS Pilot Grove

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Wallie Wosen
 (ADDRESS) Windsor, Mo.
 Filed Dec. 8, 1912 by T. O. Pundleton REGISTRAR

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.)

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