

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 Dade  
Township North Morgan  
or  
Village  
or  
City

Registration District No. 115-4  
Primary Registration District No. 6290

File No. 38791  
Registered No. 2

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

FULL NAME Emma J. Asbell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed  
DATE OF BIRTH Jan 11, 1876  
(Month) (Day) (Year)  
AGE 66 yrs. 11 mos. 14 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) Saline Co. Mo.

PARENTS  
NAME OF FATHER Samuel Vanderpool

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

MAIDEN NAME OF MOTHER Unknown

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. P. Asbell

(ADDRESS) Aldrich Mo.

Filed Dec. 26th 1912 T. H. Brewer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 25 - 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec - 24 - 1912, to Dec - 25 - 1912, that I last saw her alive on Dec - 25 - 1912, and that death occurred, on the date stated above, at 4 p. m. The CAUSE OF DEATH\* was as follows:

Accidental Burning  
181 (Duration) yrs. mos. 1 1/2 ds.

Contributory (SECONDARY)  
(Duration) yrs. mos. ds.  
(Signed) William J. Snyder M. D.  
12-25-1912 (Address) Aldrich 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 Asbell's grave yard DATE OF BURIAL Dec 26 1912

UNDERTAKER D. T. King ADDRESS Aldrich 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*, *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.)

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PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH	
County <u>Wade</u>			BUREAU OF VITAL STATISTICS	
Township <u>North Morgan</u>			CERTIFICATE OF DEATH	
Registration District No. <u>1154</u>			File No. _____	
Primary Registration District No. <u>6290</u>			Registered No. <u>2</u>	
City _____ (NO. _____) St. _____ Ward _____			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
FULL NAME <u>Emma J. Asbell</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widowed</u> WIDOWED OR DIVORCED (If write the word)		
DATE OF BIRTH <u>Jan. 11, 1846</u> (Month) (Day) (Year)		DATE OF DEATH <u>Dec. 25, 1912</u> (Month) (Day) (Year)		
AGE <u>66 yrs. 11 mos. 14 ds.</u>		I HEREBY CERTIFY, that I attended deceased from <u>Dec. 24, 1912</u> , to <u>Dec. 25, 1912</u> , that I last saw her alive on <u>Dec. 25, 1912</u> , and that death occurred, on the date stated above, at <u>4 p. m.</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u>		The CAUSE OF DEATH* was as follows: <u>Accidental Burning</u> <u>clothing caught fire</u> <u>while rendering aid</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		(Duration) _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Saline Co., Mo.</u>		Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. <u>1 1/2</u> ds.		
PARENTS	NAME OF FATHER <u>Samuel Vanderpool</u>		(Signed) <u>William J. Kinder</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Saline Co., Mo.</u>		<u>12-25, 1912</u> (Address) <u>Aldrich Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Stinson</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 MOTHER (City or town, State or foreign country) _____		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. P. Ashtley Asbell</u> (ADDRESS) <u>Aldrich, Mo.</u> Where was disease contracted if not at place of death? _____ Former or usual residence _____				
Filed <u>Dec 26</u> 1912 <u>T. H. Brewer</u> REGISTRAR		PLACE OF BURIAL OR REMOVAL <u>Asbell Gravyard</u> DATE OF BURIAL <u>Dec. 26, 1912</u> UNDERTAKER <u>W. T. King</u> ADDRESS <u>Aldrich Mo.</u>		

Original file, date Dec 26 1912

All information called for must be written on this Supplementary Certificate.

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[Approved by U. S. Census and American Public Health Association]

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