

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 Dunklin
Township Cottershill Registration District No. 289 File No. 38889
or ~~Township~~ Primary Registration District No. 3707 Registered No. 101
Village ~~Township~~
or
City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Louise Marie Humphrey

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) <u>single</u>	DATE OF DEATH <u>Dec 24</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 10</u> , 191 <u>2</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>12/20</u> , 191 <u>2</u> , to <u>1/20</u> , 191 <u>2</u> , that I last saw h. <u>alive</u> on <u>12/20</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>11 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>107A</u>	
AGE <u>4</u> yrs. <u>15</u> mos. <u>15</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none.</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>B. H. Sand</u> M. D. <u>Dec 25</u> , 191 <u>2</u> (Address) <u>Benny Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Townley Mo.</u>				
PARENTS NAME OF FATHER <u>Thomas F. Humphrey</u> BIRTHPLACE OF FATHER <u>Moscow Ken.</u> MAIDEN NAME OF MOTHER <u>Alice McCoy</u> BIRTHPLACE OF MOTHER <u>Advance Mo.</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>James F. Humphrey</u> (ADDRESS) <u>Townley Mo</u> Filed <u>12/25</u> , 191 <u>2</u> . REGISTRAR _____				
Attending Physician <u>Dr. G. W. Good.</u>			PLACE OF BURIAL OR REMOVAL <u>Stephens Cemetery</u> DATE OF BURIAL <u>12-25</u> , 191 <u>2</u> UNDERTAKER <u>W. L. Craig Maclen</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*, *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 "Asthemia," "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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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 Plunkin
 Township Cotton Hill
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

Registration District No. 289 File No. _____
 Primary Registration District No. 5407 Registered No. 101

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

FULL NAME Louise Marie Humphrey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
 (If wife the word)
 DATE OF BIRTH Aug. 10, 1912
 (Month) (Day) (Year)
 AGE 4 yrs. 4 mos. 15 ds. If LESS than 1 day, ____ hrs. or ____ min.?

DATE OF DEATH Dec. 24, 1912
 (Month) (Day) (Year)

OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

I HEREBY CERTIFY, that I attended deceased from 12/20, 1912, to 12/22, 1912, that I last saw him live on 12/22, 1912, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia

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

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

PARENTS
 NAME OF FATHER Thomas F. Humphrey
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Macedon, Mo.
 MAIDEN NAME OF MOTHER Allice McCoy
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Advance, Mo.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) G. W. Good M. D.
Dec 25, 1912 (Address) Beuby, 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) Thos. L. Humphrey
 (ADDRESS) Townley, Mo.

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 12/21 1912 S. E. Mitchell REGISTRAR

PLACE OF BURIAL OR REMOVAL Stephens Cem. DATE OF BURIAL 12-25, 1912
 UNDERTAKER W. L. Craig ADDRESS Malden

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 "*Asithenia*," "*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.)

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