

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

PLACE OF DEATH

County Scott

Township _____

or Village Morley

or City _____ (NO. _____ St. _____ Ward)

Registration District No. 819

File No. 41674

Primary Registration District No. 4495 Registered No. 38

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

FULL NAME Radie Cox

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 28, 1884
(Month) (Day) (Year)

AGE 27 yrs. 10 mos. 28 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) O

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

NAME OF FATHER R. C. Morrison

BIRTHPLACE OF FATHER (City or town, State or foreign country) Scott Co. Mo

MAIDEN NAME OF MOTHER Mattie Breshears

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hickman Co. Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Trisler

(ADDRESS) Morley Mo.

Filed Dec 29th 1912 J. H. Trisler
Reg. Emma Trisler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 22, 1912, to Dec. 29th, 1912, that I last saw her alive on Dec. 29th, 1912, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows:

Pneumonia
109

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Trisler M. D.
Dec 29th 1912 (Address) Morley 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 J DATE OF BURIAL Dec. 30, 1912

UNDERTAKER B. F. Earles ADDRESS Morley.

N. B.—Every certificate must be filled out in full, and in accordance with the instructions on the reverse side of this form. If the cause of death is not stated, the certificate will be rejected. If the cause of death is stated, it must be in accordance with the instructions on the reverse side of this form.

Statement 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 "Asiheria," "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.)

THIS IS A PERMANENT RECORD

N. B. - Term of information should be fully supplied. If it may be properly classified, it should be so classified. If it is not, it should be so marked.

PLACE OF DEATH

County Scott
Township _____
or
Village Morley
or
City _____ (NO. _____ St.: _____ Ward _____)

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

Registration District No. 819 File No. _____
Primary Registration District No. 4495 Registered No. 38

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

FULL NAME Radie Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED widow
WIDOWED OR DIVORCED (If give the word)

DATE OF BIRTH March 28, 1884
(Month) (Day) (Year)

AGE 27 yrs. 10 mos. 28 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) Scott Co. Mo.

NAME OF FATHER R. C. Morrison

BIRTHPLACE OF FATHER (City or town, State or foreign country) Scott Co. Mo.

MAIDEN NAME OF MOTHER Matie Breshears

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hockman Co. Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. C. Breshears
(ADDRESS) Morley, Mo.

Filed Dec. 27th 1912 J. M. Fisher REGISTRAR
Per Emma Fisher Dep.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 22, 1912 to Dec. 29, 1912, that I last saw her alive on Dec. 29, 1912, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Pneumonia
Lobar Pneumonia X

(Duration) _____ yrs. _____ mos. 7 ds.

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

(Signed) J. M. Fisher M. D.
Dec. 29, 1912 (Address) Morley, Mo.

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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 Carpenter Cem. X DATE OF BURIAL Dec. 30, 1912

UNDERTAKER B. P. Earles X ADDRESS Morley

Original file, date DEC, 1912. All information called for must be written on this Supplementary Certificate.

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 carbonic 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.)

HL 1117