

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

occupation is very important  
fulness of various purposes  
applies to each and every  
For many occupations  
line will be sufficient,  
(Compositor, Architect,  
Stationary fireman, etc.  
industrial employment,  
kind of work and also  
industry, and therefore  
the latter statement; it  
As examples: (a) Spin  
(b) Grocery; (a) Forestry  
material worked on me  
ment. Never return  
"Dealer," etc., without  
laborer, Farm laborer,  
at home, who are engaged  
only (not paid Housekeeper  
may be entered as Household  
children, not gainfully  
Care should be taken  
of persons engaged in  
vant, Cook, Housemaid  
changed or given up  
DEATH, state occupation,  
tired from business, etc.  
Farmer (retired, 6 yrs. or  
pation whatever, write  
Statement of cause of  
DISEASE CAUSING DEATH  
spect to time and place  
accepted term for the  
cerebrospinal meningi  
(Croup"); Typhoid fever  
monia"); Lobar pneumonia  
monia," unqualified, in  
meninges, peritonaeum,  
..... (name origin  
use of "Tumor" for

PLACE OF DEATH  
*Wright*

Registration District No. *908* File No. *41922*  
Primary Registration District No. *14549* Registered No. *63*

NO. *Mounton George*

FULL NAME *Gladys Myrtle Boyse*

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

COLOR OF RACE *White*  
SINGLE MARRIED WIDOWED OR DIVORCED *Single*  
(Write the word)  
DATE OF BIRTH *June 14, 1905*  
(Month) (Day) (Year)  
*7* yrs. *6* mos. *7* ds.  
IF LESS than 1 day, hrs. or min.?

DATE OF DEATH *Dec 7, 1912*  
(Month) (Day) (Year)

CAUSE OF DEATH *Child*  
General nature of industry, occupation, or establishment in which employed (or employer)

I HEREBY CERTIFY, that I attended deceased from *Nov 26*, 1912, to *Dec 7*, 1912, that I last saw *her* alive on *Dec 7*, 1912, and that death occurred, on the date stated above, at *11 P. m.*

PLACE OF DEATH *Caruthersville Mo*

THE CAUSE OF DEATH\* was as follows:  
*Primary Cause: Apoplexy  
immediate Cause: Convulsions  
or Collapse*

NAME OF FATHER *J. F. Boyse*  
BIRTHPLACE OF FATHER *Mo*

Contributory (SECONDARY) *None*

MAIDEN NAME OF MOTHER *Ella Gaforth*  
BIRTHPLACE OF MOTHER *Mo*

(Signed) *W. W. McChesney* M. D.  
*Dec 8, 1912* (Address *W. W. McChesney*)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *J. F. Boyse*  
(ADDRESS) *Mounton George*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

Filed *Dec. 8, 1912* *E. J. Butcher* REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death *0* yrs. *0* mos. *0* ds. In the State *0* yrs. *0* mos. *0* ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL *Mounton George Old Cem*  
DATE OF BURIAL *Dec. 8, 1912*  
UNDERTAKER *H. S. Clark*  
ADDRESS *Mounton George*

WRITE  
N. B.—Every item of CAUSE OF DEATH

# 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, 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.)