

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

PLACE OF DEATH

County Dollinger  
Township Wayne  
or  
Village  
or  
City

Registration District No. 69 File No. 157  
Primary Registration District No. 5708 Registered No. 2

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

FULL NAME Lebra Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>7</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>widow</u>
DATE OF BIRTH <u>October 30</u> , 18 <u>30</u> (Month) (Day) (Year)		
AGE <u>82</u> yrs. <u>1</u> mos. <u>24</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)		
BIRTHPLACE (City or town, State or foreign country) <u>North Carolina</u>		
PARENTS	NAME OF FATHER <u>Fish (given name)</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>North Carolina</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>North Carolina</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Bennett  
(ADDRESS) Zaluma Mo.

Filed Jan 14, 1913 Asier J. Speer  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Dec 20, 1912, to Dec 23, 1912, that I last saw her alive on Dec. 23, 1912, and that death occurred, on the date stated above, at \_\_\_ m. The CAUSE OF DEATH\* was as follows:

Ordinary of lungs  
108  
1110  
(Duration) \_\_\_ yrs. \_\_\_ mos. 1 ds.

Contributory Pneumonia  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 7 ds.  
(Signed) Asier J. Speer M. D.  
Jan 14, 1913 (Address) Zaluma 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 <u>Brushy Creek</u>	DATE OF BURIAL <u>Dec 25</u> , 191 <u>2</u>
UNDERTAKER <u>K.A. Noble</u>	ADDRESS <u>Zaluma</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL condition should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED IN BUREAU, WITH OTHERS

# 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*, *Sar-*

*coma*, 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.)



HUGH STEPHENS, JEFFERSON CITY.



WRITING MATERIAL - LEADING INK - THIS IS A PERMANENT RECORD

N. B. - Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly

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PLACE OF DEATH		REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.		BUREAU OF VITAL STATISTICS	
County	<u>Bollinger</u>	Registration District No.	<u>69</u>	File No.	
Township	<u>Wayne</u>	Primary Registration District No.	<u>5108</u>	Registered No.	<u>2</u>
or Village					
or City		(NO. _____ St. _____ Ward)			
FULL NAME			<u>Lebria Bennett</u>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>white</u>	<u>widow</u>	<u>Dec. 24</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<u>Oct. 30</u> , 18 <u>30</u> (Month) (Day) (Year)			<u>Dec. 20</u> , 191 <u>2</u> , to <u>Dec. 23</u> , 191 <u>2</u> , that I last saw her alive on <u>Dec. 23</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4:45</u> p.m.		
AGE			The CAUSE OF DEATH* was as follows:		
<u>82</u> yrs. <u>1</u> mos. <u>24</u> ds.			<u>Edema of Lungs</u>		
OCCUPATION (a) Trade, profession, or particular kind of work			(Duration) _____ yrs. _____ mos. _____ ds.		
<u>none</u>			Contributory (SECONDARY) <u>Pneumonia Rt. Lobar</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)			(Signed) <u>Asner J. Speer</u> M. D.		
<u>North Carolina</u>			<u>Jan. 14</u> , 191 <u>3</u> (Address) <u>Zalma, Mo.</u>		
PARENTS	NAME OF FATHER	<u>Fish given name not known</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 FATHER (City or town, State or foreign country)	<u>N.C.</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	MAIDEN NAME OF MOTHER	<u>Don't know</u>	At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>N.C.</u>	Where was disease contracted If not at place of death?		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Joseph Bennett</u>					
(ADDRESS) <u>Zalma, Mo.</u>					
Filed <u>Jan. 14</u> , 191 <u>3</u> , <u>Asner J. Speer</u> REGISTRAR					
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<u>Brushy Creek</u>			<u>Dec. 25</u> , 191 <u>2</u>		
UNDERTAKER			ADDRESS		
<u>K. A. Gobble</u>			<u>Zalma</u>		

Original file, date JAN 1010, 1913 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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