

THIS IS A PERMANENT RECORD

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

360

PLACE OF DEATH  
County Butler

Township \_\_\_\_\_

Registration District No. 89

File No. \_\_\_\_\_

or Village \_\_\_\_\_

Primary Registration District No. 3007

Registered No. 4

or City Poplar Bluff

St.: \_\_\_\_\_ Ward) \_\_\_\_\_

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

FULL NAME Octavia Painter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	COLOR OR RACE <u>Declar</u>	SINGLE MARRIED WIDOWED OR DIVORCED (# fills the word) <u>married</u>
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DATE OF DEATH January 5<sup>th</sup>, 1913  
(Month) (Day) (Year)

DATE OF BIRTH don't know, 1878  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1<sup>st</sup>, 1913, to January 5<sup>th</sup>, 1913, that I last saw her alive on Dec. 4<sup>th</sup>, 1913,

AGE 35 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

and that death occurred, on the date stated above, at 9 A. m.

OCCUPATION (a) Trade, profession, or particular kind of work Wife  
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
Lobar  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 10 ds.

BIRTHPLACE (City or town, State or foreign country) Mississippi

Contributory (SECONDARY) none  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

PARENTS	NAME OF FATHER <u>Dock Griffin</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Putnam, Ga</u>
	MAIDEN NAME OF MOTHER <u>Octavia Griffin</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mississippi</u>

(Signed) W. S. Taylor M. D.  
1/7, 1913 (Address) Poplar Bluff, 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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) P. W. Jackson

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(ADDRESS) Poplar Bluff

Where was disease contracted if not at place of death? \_\_\_\_\_

Filed Jan 8, 1913 A. V. Brown REGISTRAR

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Poplar Bluff DATE OF BURIAL Jan 6, 1913  
UNDERTAKER Frank L. Link ADDRESS P. O. Box

# 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.)

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 Butler  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Poplar Bluff

Registration District No. 89 File No. \_\_\_\_\_  
Primary Registration District No. 3007 Registered No. 4  
St.: \_\_\_\_\_ Ward) \_\_\_\_\_

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

FULL NAME Octavia Pointer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored SINGLE  MARRIED  WIDOWED OR DIVORCED (If file the word)

DATE OF BIRTH don't know, 1878  
(Month) (Day) (Year)

AGE 35 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) Mo.

PARENTS  
NAME OF FATHER Black Griffin  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Richmond Va.  
MAIDEN NAME OF MOTHER Octavia Brown  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Miss.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Richard Pointer  
(ADDRESS) Poplar Bluffs.

Filed Mar 30 1913 91 R/Row REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1913 to Jan. 5, 1913, that I last saw her alive on Jan. 3, 1913, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia Fever  
Lobar

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 16 ds.

Contributory (SECONDARY) none  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. T. S. Taylor M. D.  
1/7 1913 (Address) Poplar Bluff.

\*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 City DATE OF BURIAL Jan. 6, 1913

UNDERTAKER Frank L + U. C. ADDRESS Poplar Bluff.

THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. If not known, state "don't know".

L. E. 1177

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(Approved by U. S. Census and American Public Health  
Association)

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