

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 Camden
Township Warren
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 121
Primary Registration District No. 5173

File No. 446
Registered No. 121

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

FULL NAME Becka Rogers Berrie

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE White SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH 4 years May 10, 1873
(Month) (Day) (Year)

AGE 40 yrs. 3 mos. 15 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 Atto. Selt Mo.
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Mr. Rogers, John
BIRTHPLACE OF FATHER Atto. Selt Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Becka North
BIRTHPLACE OF MOTHER Atto. Selt Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Crystal Claiborne
(ADDRESS) Decaturville Mo.

Filed Jan 3, 1913 E. G. Claiborne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 2, 1911, to Nov. 25, 1912,
that I last saw h. er alive on Nov. 25, 1912,
and that death occurred, on the date stated above, at 2 m.
The CAUSE OF DEATH* was as follows:

Cancer
Sarcoma
53E
(Duration) 1 yrs. 4 mos. 15 ds.

Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. G. Claiborne M. D.
Nov 5, 1912 (Address) Decaturville

*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 Mt. Ont. DATE OF BURIAL Nov. 26, 1912

UNDERTAKER None. ADDRESS

it 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*, *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.)

Item of information should be carefully supplied. AGE should be stated EXACTLY. Item of information should be carefully supplied. AGE should be stated EXACTLY. Item of information should be carefully supplied. AGE should be stated EXACTLY.

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	Cauden	Registration District No.	121	File No.	
Township	Warren	Primary Registration District No.	5773	Registered No.	121
Village					
City		(NO.)		St.	Ward
FULL NAME				Becka Rogers Berrie	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
female	white	married	Nov. 25, 1912		
DATE OF BIRTH			(Month) (Day) (Year)		
May 10, 1873					
AGE			I HEREBY CERTIFY, that I attended deceased from		
40 yrs. 3 mos. 15 ds.			Aug. 1911, to Nov. 25, 1912		
If LESS than 1 day, hrs. or min.?			that I last saw her alive on Nov. 25, 1912		
OCCUPATION			and that death occurred, on the date stated above, at 2 m.		
(a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:		
Housewife			Sarcoma		
(b) General nature of industry, business, or establishment in which employed (or employer)			Lymphatic system		
BIRTHPLACE			(Duration) 2 yrs. 3 mos. 20 ds.		
(City or town; State or foreign country)			Contributory		
Selt, Mo.			(SECONDARY)		
PARENTS	NAME OF FATHER		(Duration) yrs. mos. ds.		
	Rogers, Phil				
	BIRTHPLACE OF FATHER		(Signed) E. G. Claiborne, M. D.		
	(City or town; State or foreign country)		Nov. 20, 1912 (Address) Necaturville		
MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
Becka North		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
BIRTHPLACE OF MOTHER		At place of death yrs. mos. ds. In the State yrs. mos. ds.			
Selt, Mo.		Where was disease contracted if not at place of death?			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) Crystal Claiborne					
(ADDRESS) Necaturville Mo.					
Filed Jan. 7, 1913			E. G. Claiborne, REGISTRAR		
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
Mt. Orb			Nov. 26, 1912		
UNDERTAKER			ADDRESS		
none					

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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