

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

County [REDACTED] Registration District No. 134 File No. 501  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Primary Registration District No. 4075 Registered No. 2  
 City BOSWORTH (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME HELEN DORIS CROFT

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE WHITE SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) SINGLE

DATE OF BIRTH SEPT. 10 1911  
 (Month) (Day) (Year)

AGE 1 yrs. 4 mos. 14 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) BOSWORTH MO.

PARENTS NAME OF FATHER LYLE B CROFT BIRTHPLACE OF FATHER TEXAS MAIDEN NAME OF MOTHER GENEVA MATHIESON BIRTHPLACE OF MOTHER CARROLL CO MO.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lyle Croft (ADDRESS) Ferdal, Ark

Filed 1-26-1913

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 4, 1913, to Jan 24, 1913, that I last saw her alive on Jan 24, 1913, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH\* was as follows:  
La Grippe Catarrhal  
fever and Cerebro Spinal  
meningitis  
 (Duration) yrs. \_\_\_ mos. 20 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) R. H. Williams M. D.  
Jan 26 1913 (Address) Bosworth 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 Bay Creek DATE OF BURIAL 1-26 1913  
 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

REPRINT in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# 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 sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Musician, Composer, Architect, Locomotive engineer, Shipbuilder, 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 name 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) *Farmer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Fireman, (b) Automobile factory*. The material on this line may form part of the second statement. For the return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Laborer, Farm laborer, Laborer—Coal mine*, etc. For persons 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," "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 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 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,



PLACE OF DEATH

County Carroll  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Bosworth (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

REGISTRARS SHALL NOT RE-GRIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 134 File No. \_\_\_\_\_  
Primary Registration District No. 4075 Registered No. 2

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

FULL NAME Helen Doris Craft

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single (# write the word)  
DATE OF BIRTH Sept. 10, 1911 (Month) (Day) (Year)  
AGE 1 yrs. 4 mos. 14 ds. If LESS than 1 day, hrs. or min.?  
OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS  
NAME OF FATHER Lyle B. Craft  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Texas  
MAIDEN NAME OF MOTHER Geneva Mathieson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Carroll Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Lyle B. Craft  
(ADDRESS) Herda, Ark.

Filed 8-8-13 1913 W.S. Windsor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24, 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 4, 1913, to Jan. 24, 1913, that I last saw her alive on Jan. 24, 1913 and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH\* was as follows:  
La Grippe Catarrha? fever and cerebral spinal meningitis terminal to La Grippe infection (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) R. Williams M. D. Jan. 26, 1913 (Address) Bosworth Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state 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 Big Creek DATE OF BURIAL 1-26 1913

UNDERTAKER Louis Leopard ADDRESS Bosworth

Original file, date JAN 12 1913 All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

Census and American Public Health  
Association]

**Occupation.**—Precise statement of important, so that the relative health-insuits can be known. The question is asked of every person, irrespective of age. Use only a single word or term on the first line, e. g., *Farmer or Planter, Physician, etc., Locomotive engineer, Civil engineer,* etc. But in many cases especially in women, it is necessary to know (a) the nature of the business or occupation before an additional line is provided for use; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, Foreman, (b) Automobile factory.* The occupation may form part of the second statement: "Laborer," "Foreman," "Manager," etc. Be as thorough more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women engaged in the duties of the household (e. g., *Housekeepers who receive a definite salary, Housewife, Housework, or At home,* and women fully employed, as *At school or At home.* Men should be asked to report specifically the occupations in which they are 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.*

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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 "Asihenia," "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.)

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