

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

PLACE OF DEATH

County Stone

Township Lincoln

Village

City

Registration District No. 1044

File No. 3866

Primary Registration District No. 6259

Registered No. 2

(NO. _____ St. _____ Ward)

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

FULL NAME Gerrit L. Stanfield

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH June 11, 1876
(Month) (Day) (Year)

AGE 36 yrs. 6 mos. 30 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) G.O.

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

NAME OF FATHER W. P. Roberts

BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama

MAIDEN NAME OF MOTHER Mara G. McDonald

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles L. Stanfield

(ADDRESS) Elsay Mo

Filed Jan 31, 1913. A. Marshall

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 22, 1913, to Jan 30, 1913, that I last saw her alive on Jan 30, 1913, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia

108 (Duration) yrs. 8 mos. 8 ds.

Contributory (SECONDARY) (Duration) yrs. _____ mos. _____ ds.

(Signed) G. L. Stanfield M. D.
Jan 31, 1913 (Address) Elsay 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. 1 mos. 10 ds. In the State _____ yrs. 1 mos. 15 ds.

Where was disease contracted If not at place of death? Elsay Mo

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Long Mill. DATE OF BURIAL Jan 31, 1913

UNDERTAKER W. P. Burroughs, Elsay Mo. ADDRESS _____

Every item on this certificate should be carefully checked for accuracy. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is 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 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.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—This certificate should be filled out by the registrar, or by a physician, or by a relative, or by a friend, or by a neighbor, or by a clergyman, or by a justice of the peace, or by a coroner, or by a health officer, or by a public health nurse, or by a nurse, or by a physician, or by a dentist, or by a veterinarian, or by a pharmacist, or by a chemist, or by a biologist, or by a geologist, or by an astronomer, or by a physicist, or by a mathematician, or by a statistician, or by a linguist, or by a philosopher, or by a theologian, or by a jurist, or by a statesman, or by a diplomat, or by a soldier, or by a sailor, or by a merchant, or by a farmer, or by a laborer, or by a craftsman, or by a tradesman, or by a professional man, or by a public official, or by a private citizen, or by any other person who is qualified to give the information required.

PLACE OF DEATH

County Stone
 Township Lincoln
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

Registration District No. 1044 File No. _____
 Primary Registration District No. 6254 Registered No. 2

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

FULL NAME Annie L. Stanfield

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>June 11, 1876</u> (Month) (Day) (Year)		
AGE <u>36</u> yrs. <u>6</u> mos. <u>30</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Texas</u>		
PARENTS	NAME OF FATHER <u>W. P. Roberts</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Alabama</u>	
	MAIDEN NAME OF MOTHER <u>Mary D. McDonald</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Alabama</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan. 30, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 22, 1913, to Jan. 30, 1913, that I last saw her alive on Jan. 30, 1913, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia fever
after labor

Contributory
 (SECONDARY)
 (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Without medical aid M. D.
Jan. 31, 1913 (Address) Elsey, 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
Longs Mill

DATE OF BURIAL
Jan. 31, 1913

UNDERTAKER
W. P. Burrough

ADDRESS
Elsey, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Charles C. Stanfield
 (ADDRESS) Elsey, Mo.

Filed June 1, 1913 A. Moreland
 REGISTRAR

Original file, date JAN 31 1913 1913 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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 "*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 septichaemia*," "*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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