

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 *Butler* County *Butler* Registration District No. *89* File No. *4390*
 or *Paylor Bluff* (NO. _____) St. _____ Ward _____
 or *Paylor Bluff* (NO. _____) St. _____ Ward _____
 FULL NAME *Laura Laura Caraway Hasikin* [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR OR RACE <i>Caucas</i>	SINGLE MARRIED WIDOWED OR DIVORCED (If file the word)	DATE OF DEATH <i>February 13th</i> , 191 <i>3</i> (Month) (Day) (Year)	
DATE OF BIRTH <i>Sept 13</i> , 18 <i>71</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>Sept 10</i> , 191 <i>7</i> , to <i>Feb 13th</i> , 191 <i>3</i> , that I last saw her alive on <i>Jan 28th</i> , 191 <i>3</i> , and that death occurred, on the date stated above, at <i>7 a.m.</i>	
AGE <i>42</i> yrs. ____ mos. ____ ds.			The CAUSE OF DEATH* was as follows: <i>82A Paralysis</i>	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Wife</i>			(Duration) ____ yrs. ____ mos. ____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <i>Coronary Arteriosclerosis</i>	
BIRTHPLACE (City or town, State or foreign country) <i>Forest city Ark</i>			(Duration) ____ yrs. ____ mos. ____ ds.	
PARENTS	NAME OF FATHER <i>Jackson James</i>		(Signed) <i>W. Taylor</i> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Forest city Ark</i>		<i>2/14</i> , 191 <i>3</i> (Address) <i>Paylor Bluff Mo</i>	
	MAIDEN NAME OF MOTHER <i>Don't know</i>		*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 MOTHER (City or town, State or foreign country) <i>Don't know</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>A. M. Hasikin</i> (ADDRESS) <i>Paylor Bluff Mo</i> Where was disease contracted if not at place of death? _____ Former or usual residence _____				
Filed <i>Feb 15</i> , 191 <i>3</i> , <i>A. R. Kow</i> REGISTRAR			PLACE OF BURIAL OR REMOVAL <i>Ark</i> DATE OF BURIAL <i>Feb 16</i> , 191 <i>3</i> UNDERTAKER <i>Frank J. L. L. L.</i> ADDRESS <i>Paylor Bluff Mo</i>	

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.)

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.

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 (NO. _____ St.; _____ Ward)

Registration District No. 89 File No. _____
Primary Registration District No. 3007 Registered No. 38

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

FULL NAME Laura Caraway Huskins

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>F</u>	COLOR OR RACE <u>B.</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	DATE OF DEATH <u>Feb 13</u> , 191 <u>3</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Sept 13</u> , 187 <u>1</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Sept 20</u> , 191 <u>2</u> , to <u>Feb 13</u> , 191 <u>3</u> , that I last saw her alive on <u>Jan 28</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>3 a.</u> m.		
AGE <u>42</u> yrs. _____ mos. _____ ds.	IF LESS than 1 day, _____ hrs. or _____ min.?		The CAUSE OF DEATH* was as follows: <u>Paralysis</u> <u>Apoplexy</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>wife</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) <u>Forest City Ark</u>			Contributory <u>Cerebral Hemorrhage</u> (SECONDARY) (Duration) _____ yrs. <u>6</u> mos. _____ ds.		
PARENTS	NAME OF FATHER <u>Jackson James</u>		(Signed) <u>W. F. Taylor</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ark</u>		<u>2/14</u> , 191 <u>3</u> (Address) <u>Poplar Bluff, Mo</u>		
	MAIDEN NAME OF MOTHER <u>unk-</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 MOTHER (City or town, State or foreign country) <u>"</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. M. Huskins</u> (ADDRESS) <u>Poplar Bluff Mo</u>			Where was disease contracted If not at place of death? _____ Former or usual residence _____		
Filed <u>Feb. 15th</u> , 191 <u>3</u> <u>A. R. Rowe</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>city</u>		DATE OF BURIAL <u>Feb 16</u> , 191 <u>3</u>
			UNDERTAKER <u>Frank L. Hund</u>		ADDRESS <u>Poplar Bluff</u>

SUPPLEMENTARY

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 service² 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.)

4550