

PLACE OF DEATH

Gibson

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Greene

Township _____

Registration District No. 318File No. 5001

Village _____

Primary Registration District No. 2001Registered No. 88City Springfield (NO. 1014 - Flora St.: _____ Ward)

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

FULL NAME Eliza Steven

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE W SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Don't know, 1897
(Month) (Day) (Year)AGE 43 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) MissouriNAME OF FATHER James RichardsBIRTHPLACE OF FATHER
(City or town, State or foreign country) IndianaMAIDEN NAME OF MOTHER Nancy DawsonBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) W. E. Stevens(ADDRESS) Springfield Mo.Filed Feb 19, 1913 Wilbur Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 15, 1913, to Feb 18, 1913, that I last saw her alive on Feb 18, 1913, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH* was as follows:Pulmonary tuberculosis
(Duration) _____ yrs. _____ mos. _____ ds.Contributory Grippe
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) J. M. Gibson M. D.
Feb 18, 1913 (Address) Springfield Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Criminal.

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 Wausau Cem. DATE OF BURIAL Feb 19, 1913UNDERTAKER W. E. Stevens ADDRESS Springfield Mo.

United States Standard Certificate of Death

U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of the various pursuits can be known. The question should be asked of every person, irrespective of age, and every occupation should be stated in a single word or term on the first blank space provided, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Mechanic, etc.* But in many cases especially in occupations of a domestic nature, it is necessary to know (a) the nature of the business and also (b) the nature of the business or therefore an additional line is provided for comment; it should be used only when needed. (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store, (a) Foreman, (b) Automobile factory.* The occupation may form part of the second statement of cause of death, e. g., "Laborer," "Foreman," "Manager," "Carpenter," "Cannery worker," "Miner," "Coal miner," "Day laborer, Laborer—Coal mine, etc. Women engaged in the duties of the household (e. g., *Housekeepers* who receive a definite salary), should be stated as *Housewife, Housework, or At home, and* if gainfully employed, as *At school or At home.* If taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been changed on account of the DISEASE CAUSING DEATH, it should be stated at beginning of illness. If re-employment, that fact may be indicated thus: *At home, 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 interstitial nephritis, etc. The color of the skin (or intercurrent) affection need not be reported. Example: *Measles (disseminated), 29 ds.; Bronchopneumonia* (second report mere symptoms or terminal symptoms, e. g., "Asthensia," "Anaemia" (merely symptoms), "Collapse," "Coma," "Convulsions," "Genital," "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 septicæmia," "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.)

FBI

STATE

