

RECORDING LAW - THIS IS A PERMANENT RECORD

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

Revised 1911

PLACE OF DEATH  
County Newton  
Township Buffalo  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 611 File No. 5224-0  
Primary Registration District No. 5813A Registered No. 13

FULL NAME Rasa Bell Stockham

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

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>May 24</u> , 189 <u>2</u> (Month) (Day) (Year)		
AGE <u>21</u> yrs. <u>1</u> mos. <u>14</u> 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) <u>Newton Co mo</u>		
PARENTS	NAME OF FATHER <u>Hamilton Stockham</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Iowa</u>	
	MAIDEN NAME OF MOTHER <u>Margie J. Stacks</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Newton Co MO</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Feb 19</u> , 191 <u>3</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>Feb 17</u> , 191 <u>3</u> , to <u>Feb 19</u> , 191 <u>3</u> , that I last saw her alive on <u>Feb 19</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>2:30</u> P.M.
The CAUSE OF DEATH* was as follows: <u>Acute Septic</u> <u>gallbladder pyemia</u>
<u>14 2/3</u> (Duration) yrs. <u>1</u> mos. <u>1</u> ds.
<u>146</u> (Secondary) (Duration) yrs. mos. ds.
(Signed) <u>W. M. Roseberry</u> M. D. <u>Feb 20</u> , 191 <u>3</u> Address <u>Newton Mo</u>
*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Margie J. Stockham  
(ADDRESS) Neesho MO  
Filed Feb 26 - 1913 N. M. Campbell  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Rayman DATE OF BURIAL Feb 21, 1913  
UNDERTAKER H. J. Zylman ADDRESS Newton

# 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 healthness of various pursuits can be known. The question applies to each and every person, irrespective of age. Many occupations a single word or term on the first will be sufficient, e. g., *Farmer or Planter, Physician,positor, Architect, Locomotive engineer, Civil engineer, mmary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the of work and also (b) the nature of the business or stry, and therefore an additional line is provided for latter statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The erial worked on may form part of the second state- t. Never return "Laborer," "Foreman," "Manager," "aler," etc., without more precise specification, as *Day rer, Farm laborer, Laborer—Coal mine*, etc. Women ome, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), y be entered as *Housewife, Housework, or At home*, and dren, not gainfully employed, as *At school or At home*. re should be taken to report specifically the occupations persons engaged in domestic service for wages, as *Ser- vt, Cook, Housemaid*, etc. If the occupation has been anged or given up on account of the DISEASE CAUSING ATH, state occupation at beginning of illness. If reed from business, that fact may be indicated thus: *rmmer (retired, 6 yrs.)*. For persons who have no occu- tion whatever, write *None*.

**Statement of cause of death.**—Name, first, the SEASE CAUSING DEATH (the primary affection with re- ect to time and causation), using always the same cepted term for the same disease. Examples: *Cere- spinal fever* (the only definite synonym is "Epidemic rebrospinal meningitis"); *Diphtheria* (avoid use of "roup"); *Typhoid fever* (never report "Typhoid pneu- nia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu- nia," unqualified, is indefinite); *Tuberculosis of lungs*, *minges, 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 im- portant. 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" ("Con- 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 mis- carriage, 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 "Con- tributory." (Recommendations on statement of death approved by Committee on Nomenclature, American Medical Association.)

County

U. S. FORM XXX

FROM

STATE BOARD OF HEALTH