

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
County Shannon
Township Eminence
or West Eminence
Village West Eminence
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 824
Primary Registration District No. 6076
File No. 7765
Registered No. _____

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

FULL NAME Florence Beatrice Bryant

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	
DATE OF BIRTH <u>February 5, 1913</u> (Month) (Day) (Year)			
AGE _____ yrs. _____ mos. <u>20</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>O-O</u>			
BIRTHPLACE (City or town, State or foreign country) <u>West Eminence Mo</u>			
PARENTS	NAME OF FATHER <u>Albert Bryant</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Randolph Co. Ark</u>		
	MAIDEN NAME OF MOTHER <u>Maudie Jordan</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Carters Co. Mo</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Albert Bryant</u>			
(ADDRESS) <u>West Eminence Mo</u>			
Filed <u>2-25</u> , 191 <u>3</u> , <u>Frank Dyer</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>February 25, 1913</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Feb 21</u> , 191 <u>3</u> , to <u>Feb 24</u> , 191 <u>3</u> , that I last saw her alive on <u>Feb 24</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>4 A</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>10719</u> (Duration) _____ yrs. _____ mos. <u>5</u> ds.	
Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>E. M. LeCompte</u> M. D. <u>Feb 25</u> , 191 <u>3</u> (Address) <u>West Eminence 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 _____	
PLACE OF BURIAL OR REMOVAL <u>Morton Cemetery</u>	DATE OF BURIAL <u>Feb 26</u> , 191 <u>3</u>
UNDERTAKER	ADDRESS

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*, *peritonaeum*, 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.)



Form 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.

PLACE OF BIRTH

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

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

County Shannon
Township Emmence
or
Village
or
City (NO. _____ St. _____ Ward)

Registration District No. 824 File No. _____
Primary Registration District No. 6076 Registered No. _____

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

FULL NAME Fleecie Beatrice Bryant

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>Feb 5</u> , 191 <u>3</u> (Month) (Day) (Year)		
AGE ____ yrs. ____ mos. <u>20</u> ds. If LESS than 1 day, ____ hrs. or ____ min?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>N. Emence Mo</u>		
PARENTS	NAME OF FATHER <u>Albert Bryant</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ark</u>	
	MAIDEN NAME OF MOTHER <u>Rand Jordan</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25, 1913
(Month) (Day) (Year)

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

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia
(Duration) ____ yrs. ____ mos. 5 ds.

Contributory
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) E. M. Le Compte M. D.
Feb 25, 1913 (Address) N. Emence 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 <u>Morton Cem</u>	DATE OF BURIAL <u>2-26</u> , 191 <u>3</u>
UNDERTAKER <u>None</u>	ADDRESS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Bryant
(ADDRESS) N. Emence Mo
Filed 2-28, 1913 Lank
REGISTRAR

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 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.)