

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

PLACE OF DEATH

County Jackson
Township Greenwood
or
Village Greenwood
or
City Greenwood (NO. _____ St. _____ Ward _____)

Registration District No. 397 File No. 9059
Primary Registration District No. 423H Registered No. 12

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

FULL NAME Gladeys Irene Finston

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(If not the word)

DATE OF DEATH March 19, 1923
(Month) (Day) (Year)

DATE OF BIRTH Oct 27, 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 18, 1923, to Mar 19, 1923, that I last saw her alive on March 19, 1923, and that death occurred, on the date stated above, at 6 P.m.

AGE 6 yrs. 4 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Pneumonia
109A

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

BIRTHPLACE (City or town, State or foreign country) Greenwood Mo

Contributory (SECONDARY) A
(Duration) ___ yrs. ___ mos. ___ ds.
(Bled) W. R. King M.D.
Mar 20, 1918 (Address) Greenwood

NAME OF FATHER Wm Finston

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

MAIDEN NAME OF MOTHER Florence Simpson

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Finston

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death, ___ yrs. ___ mos. ___ ds. In the State 6 yrs. ___ mos. ___ ds.

(ADDRESS) Greenwood Mo

Where was disease contracted if not at place of death?
Former or usual residence None

FILE Mar 20, 1923 REGISTRAR W. R. King

PLACE OF BURIAL OR REMOVAL Greenwood Mo DATE OF BURIAL Mar 20, 1923
UNDERTAKER Carlisle Lee ADDRESS Greenwood Mo

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.

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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Jackson

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

Township

Registration District No.

397

File No.

Village

Primary Registration District No.

4234

Registered No.

City

Greenwood

NO.

St.

Ward

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

FULL NAME

Gladys Irene Jenister

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Female White

single

DATE OF DEATH

Mar. 19 1913
(Month) (Day) (Year)

DATE OF BIRTH

Oct 28 1904
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

3/18 1913 to 3/18 1913
that I last saw *her* alive on *3/19 1913*

AGE

6 yrs. 4 mos. 19 ds.

IF LESS than 1 day, hrs. or min.

and that death occurred, on the date stated above, at *6 P.* m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchitis

OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Greenwood Mo

Contributory

(Secondary)

(Duration) yrs. mos. ds.

PARENTS

NAME OF FATHER

Sam Jenister

BIRTHPLACE OF FATHER

Missouri

MAIDEN NAME OF MOTHER

Rayne Gibson

BIRTHPLACE OF MOTHER

Mo.

(Signed)

W. L. Conrad M. D.
3/20 1913 (Address) *Greenwood*

*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 *6* yrs. *0* mos. *0* ds. In the *6* yrs. *0* mos. *0* ds. State *6* yrs. *0* mos. *0* ds.

Where was disease contracted if not at place of death?

Former or usual residence *None*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm Jenister

(ADDRESS)

Greenwood Mo.

PLACE OF BURIAL OR REMOVAL

Greenwood Mo.

DATE OF BURIAL

3/20 1913

Filed

Mar 20 1913

UNDERTAKER

Schleck

ADDRESS

Summit St

REGISTRAR

Original file, date

MAR 23 1913

All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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

Revised United States Standard Certificate of Death

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

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