

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.

PLACE OF DEATH

County

Pettis

Township

or

Village

or

City

Sedalia

(NO.

Registration District No.

668

File No.

10233

Primary Registration District No.

3032

Registered No.

54

St.:

Ward)

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

FULL NAME

Myrtle Workman

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Single

DATE OF BIRTH

Aug

7

1888

(Month)

(Day)

(Year)

AGE

24

yrs.

7

mos.

ds.

If LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

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

Clerk of - 16

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

Furniture Store

BIRTHPLACE

(City or town, State or foreign country)

Pettis Co. Mo.

PARENTS

NAME OF FATHER

James Allen Workman

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Kentucky

MAIDEN NAME OF MOTHER

Sarah F. Williams

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James Allen Workman

(ADDRESS)

Sedalia Mo.

Filed

Mar 11, 1913

Sam Kelly

REGISTRAR

UNDERTAKER

M. Laughlin Bros.

DATE OF BURIAL

Mar 10, 1913

ADDRESS

Sedalia, Mo.

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb

8

1913

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

Jan, 1913, to Feb 7, 1913,

that I last saw him alive on Feb 7, 1913,

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Abscess Lung (Operated)

2:30 A

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

W. E. Moore

M. D.

3-8, 1913 - (Address) Sedalia 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

Brown Hill

Deputy

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.)

PLACE OF DEATH

County Pettis

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Township _____
or
Village _____
City Sedalia (NO. _____)

Registration District No. 66-8 File No. _____
Primary Registration District No. 31-32 Registered No. 574
St. _____ Ward _____

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

FULL NAME Myrtle Hookman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE White SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH Aug. 7, 1888
(Month) (Day) (Year)

AGE 24 yrs. 7 mos. 9 ds.
If LESS than
1 day: _____ hrs.
or _____ min.

OCCUPATION
(a) Trade, profession, or
particular kind of work Clerk
(b) General nature of industry,
business, or establishment in
which employed (or employer) Furniture Store

BIRTHPLACE
(City or town,
State or foreign country) Pettis Co. Mo.

PARENTS
NAME OF FATHER Gas Allen Hookman
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
MAIDEN NAME OF MOTHER Sarah F. Williams
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Allen Hookman
(ADDRESS) Sedalia Mo.

Filed Mar. 11 1913 Sam G. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Me. 8, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY; that I attended deceased from
Me. 7, 1913, to Me. 7, 1913,
that I last saw her alive on Me. 7, 1913,
and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:
Abscess Lung (operated)
Tuberculosis of
Lungs.
(Duration) 7 yrs. 8 mos. 9 ds.

Contributory
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. E. Monro M. D.
3-8, 1913 (Address) Sedalia 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 _____ yrs. _____ mos. _____ ds.
Where was disease contracted
if not at place of death?
Former or
usual residence _____

PLACE OF BURIAL OR REMOVAL Crown Hill DATE OF BURIAL 3-10, 1913
UNDERTAKER McLaughlin Bros. ADDRESS Sedalia Mo.

MAR 1913

Original file, date _____, 19____. All information called for must be written on this Supplementary Certificate.

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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 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.)