

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		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Ralls</u>	Registration District No.	<u>726</u>
Township	<u>Spain</u>	File No.	<u>10375</u>
or		Primary Registration District No.	<u>4432</u>
Village		Registered No.	<u>2</u>
or		St.	
City	<u>New London</u> (NO.)	Ward	
FULL NAME <u>Unnamed baby</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	DATE OF DEATH	
<u>Female</u>	<u>Colored</u>	<u>Feb</u> <u>22</u> , 191 <u>3</u>	
	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)	
	<u>Single</u>		
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>Feb</u> <u>24</u> , 191 <u>3</u>		<u>✓</u> , 191 <u>3</u> , to <u>✓</u> , 191 <u>3</u>	
(Month) (Day) (Year)		that I last saw her alive on <u>✓</u> , 191 <u>3</u>	
AGE	IF LESS than	and that death occurred, on the date stated above, at <u>4 a</u> m.	
<u>8</u> yrs. <u>8</u> mos. <u>8</u> ds.	1 day, <u>8</u> hrs. or <u>8</u> min.?	The CAUSE OF DEATH* was as follows:	
OCCUPATION		<u>Starvation</u>	
(a) Trade, profession, or particular kind of work	<u>None</u>	<u>138 / 51</u> ✓	
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>none</u>	(Duration) <u>138</u> yrs. <u>51</u> mos. <u>1</u> ds.	
BIRTHPLACE		Contributory <u>none</u>	
(City or town, State or foreign country)	<u>New London Mo</u>	(SECONDARY)	
PARENTS	NAME OF FATHER	(Duration) <u>7</u> yrs. <u>7</u> mos. <u>7</u> ds.	
	<u>Ed Simpson</u>	(Signed) <u>H. D. Waters</u> M. D.	
	BIRTHPLACE OF FATHER	<u>2-22-1913</u> (Address) <u>New London, Mo.</u>	
	(City or town, State or foreign country)		
	MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	<u>Sarah Woodson</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER	At place of death <u>8</u> yrs. <u>8</u> mos. <u>8</u> ds. In the State <u>8</u> yrs. <u>8</u> mos. <u>8</u> ds.	
	(City or town, State or foreign country)	Where was disease contracted If not at place of death?	
		Former or usual residence	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		PLACE OF BURIAL OR REMOVAL	
(Informant)	<u>Edward Simpson</u>	<u>Wain View</u>	
(ADDRESS)	<u>New London, Mo.</u>	DATE OF BURIAL	
		<u>Feb 23, 1913</u>	
Filed <u>3/1</u> , 191 <u>3</u>	<u>T. D. Waters</u>	UNDERTAKER	
	REGISTRAR	<u>Harry Piper</u>	
		ADDRESS	
		<u>New London Mo</u>	

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*, *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.)



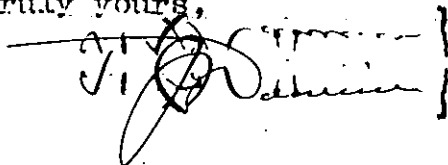
Ses. State Board of Health,
Jefferson City, Mo.

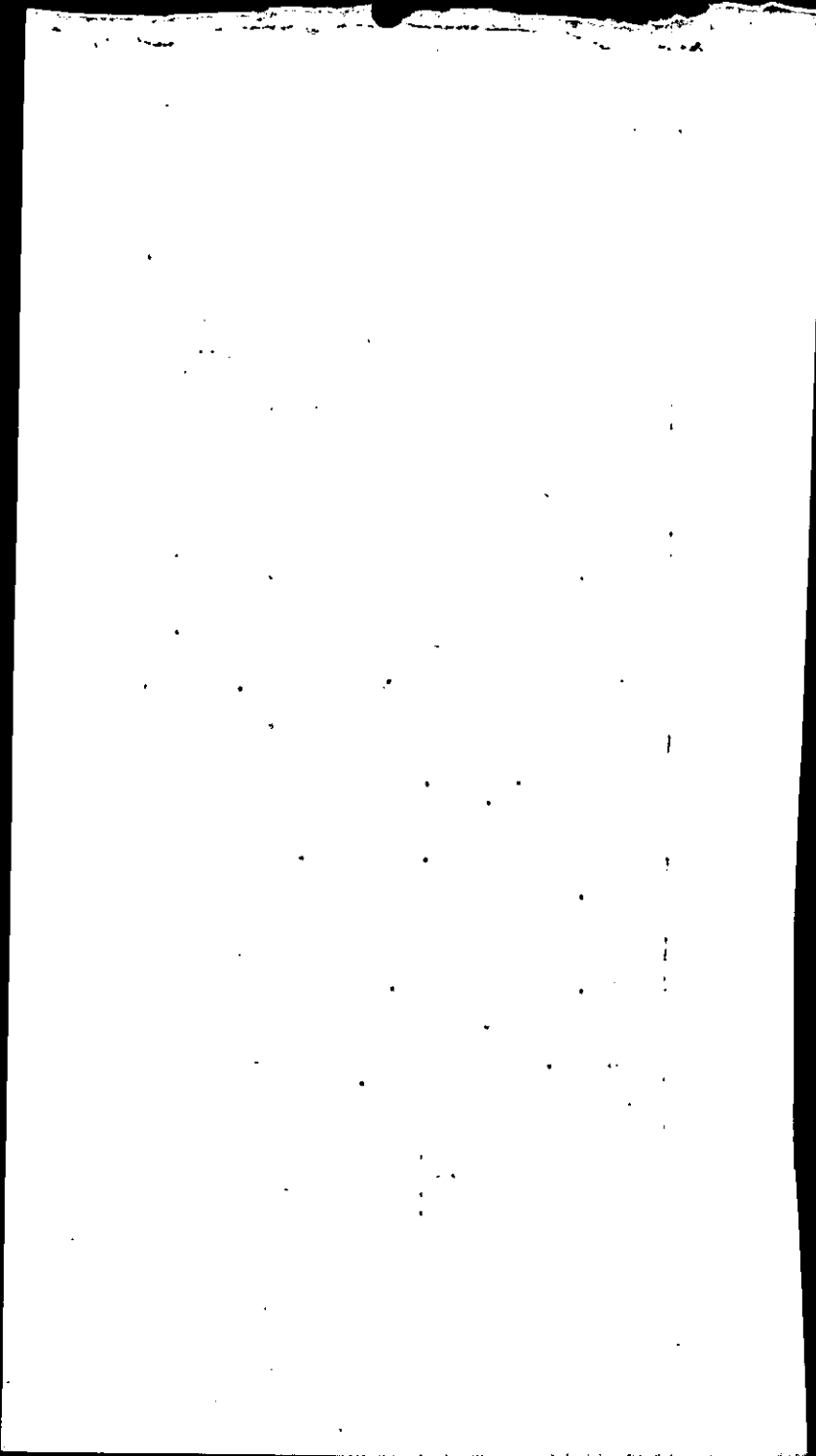
Dear Sir:-

The reenclosed D.Certificate, is of unnamed babe born Feb, 14, died Feb, 22 1913. Name of father Edward Simpson, maiden name of mother Sarah Woodson.

In this case an old colored woman attended the labor, and advised with them as to care of babe. I suppose that the babe was weaker than they thought, Any how the babe died without medical attention. Dr. Waters, it may be, had seen some of them in sickness before this occurrence, I do not know, but he furnished the D.Certificate. Same is on file at my office as Registered No 2. I am sure that I sent same to your office properly signed and filled out. Please look at my Report for Feb, ~~#####~~ 1913.

Very truly yours,

A handwritten signature, likely "J. B. Simpson", enclosed in a large, stylized bracket. The signature is written in dark ink and appears to be a cursive or semi-cursive style.



Information should be carefully given. Information 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 Ralls

Township _____

or

Village _____

or

City New London (NO. _____)

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

Registration District No. 726

File No. _____

Primary Registration District No. 4432Registered No. 1

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

FULL NAME

unnamed Simpson

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE colored SINGLE MARRIED WIDOWED OR DIVORCED single (If file the word)

DATE OF BIRTH Feb. 14, 1913
(Month) (Day) (Year)

AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. 8 ds.

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) New London, Mo.

PARENTS
NAME OF FATHER Ed Simpson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
MAIDEN NAME OF MOTHER Sarah Woodson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) New London Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Simpson
(ADDRESS) New London Mo.

Filed 3/1 1913 Feb. 22 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw her alive on _____, 191____, and that death occurred, on the date stated above, at 4 a m.
The CAUSE OF DEATH* was as follows:
Inanition

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. 7 ds.
(Signed) W. J. Butler M. D.
2-22, 1913 (Address) New London 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 Fairview DATE OF BURIAL Feb. 23, 1913

UNDERTAKER Harry Piper ADDRESS New London

Original file, date MAR 1913, 19____ All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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10375-
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 "*Asithenia*," "*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 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.)