

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

PLACE OF DEATH

County Green

Township \_\_\_\_\_  
or \_\_\_\_\_

Village \_\_\_\_\_  
or \_\_\_\_\_

City Springfield

Registration District No. 318

File No. 12828

Primary Registration District No. 2001

Registered No. 230

(NO. Burge Deaconess Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Ida Dale

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH \_\_\_\_\_  
(Month) \_\_\_\_\_ (Day) 1 (Year) 1947

AGE 47 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0 1947

BIRTHPLACE  
(City or town, State or foreign country) Illinois

PARENTS	NAME OF FATHER <u>John P Lundgren</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Sweden</u>
	MAIDEN NAME OF MOTHER <u>Heta</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Sweden</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. E. Rundquist

(ADDRESS) Enterprise Kan.

Filed April 25 1913 Dr. C. W. Smith  
REGISTRAR

7 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23, 1913  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

I HEREBY CERTIFY, that I attended deceased from April 23, 1913, to April 23, 1913, that I last saw her alive on April 23, 1913, and that death occurred, on the date stated above, at 6<sup>30</sup> P. m.

The CAUSE OF DEATH\* was as follows:  
Rupture of superficial vessel  
of Artery,  
Hemorrhage into Peritoneal  
 cavity 2 qts blood.  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. and ds.

Contributory \_\_\_\_\_  
(SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Dr. S. Freeman C. G. Fulton M. D.  
April 23, 1913 (Address) Springfield 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. 1 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>Yalesburg Ill</u>	DATE OF BURIAL <u>April 25</u> , 191 <u>3</u>
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UNDERTAKER <u>J. W. Klugner &amp; Co</u>	ADDRESS <u>432 E. Com'l St</u>
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If 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.

# Statement 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, 8 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 "Asthma," "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

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

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

County Greene Registration District No. 318 File No. 12828  
 Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_ City Springfield (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 Primary Registration District No. 2001 Registered No. 230  
 FULL NAME Ilda Hole (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married  
 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) 1866 (Year)  
 AGE 47 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) \_\_\_\_\_  
 PARENTS: NAME OF FATHER Satisfactory information Supplied BIRTHPLACE OF FATHER Satisfactory information Supplied MAIDEN NAME OF MOTHER Geta BIRTHPLACE OF MOTHER Satisfactory information Supplied

DATE OF DEATH April 23, 1913 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Apr. 23, 1913, to Apr. 23, 1913, that I last saw her alive on Apr. 23, 1913, and that death occurred, on the date stated above, at 30 P.M.  
 The CAUSE OF DEATH\* was as follows:  
Rupture of superficial vessel of liver hemorrhage into peritoneal cavity & gk. food. Cause of rupture unknown - C. S. Sabon  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (Signed) 186 M. D. Apr. 23, 1913 (Address) Springfield  
 \*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) A. E. Kundquist (ADDRESS) Enterprise, Kansas  
 Filed June 14, 1913 R. C. W. Smith REGISTRAR

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 INFORMATION: Satisfactory information DATE OF BURIAL \_\_\_\_\_ 191\_\_\_\_  
 UNDERTAKER Satisfactory information Supplied ADDRESS \_\_\_\_\_

Form should be filled out as early as possible after death. If filled out after 48 hours, a fee of \$1.00 will be charged. If filled out after 72 hours, a fee of \$2.00 will be charged. If filled out after 96 hours, a fee of \$3.00 will be charged. If filled out after 120 hours, a fee of \$4.00 will be charged. If filled out after 144 hours, a fee of \$5.00 will be charged. If filled out after 168 hours, a fee of \$6.00 will be charged. If filled out after 192 hours, a fee of \$7.00 will be charged. If filled out after 216 hours, a fee of \$8.00 will be charged. If filled out after 240 hours, a fee of \$9.00 will be charged. If filled out after 264 hours, a fee of \$10.00 will be charged. If filled out after 288 hours, a fee of \$11.00 will be charged. If filled out after 312 hours, a fee of \$12.00 will be charged. If filled out after 336 hours, a fee of \$13.00 will be charged. If filled out after 360 hours, a fee of \$14.00 will be charged. If filled out after 384 hours, a fee of \$15.00 will be charged. If filled out after 408 hours, a fee of \$16.00 will be charged. If filled out after 432 hours, a fee of \$17.00 will be charged. If filled out after 456 hours, a fee of \$18.00 will be charged. If filled out after 480 hours, a fee of \$19.00 will be charged. If filled out after 504 hours, a fee of \$20.00 will be charged. If filled out after 528 hours, a fee of \$21.00 will be charged. If filled out after 552 hours, a fee of \$22.00 will be charged. If filled out after 576 hours, a fee of \$23.00 will be charged. If filled out after 600 hours, a fee of \$24.00 will be charged. If filled out after 624 hours, a fee of \$25.00 will be charged. If filled out after 648 hours, a fee of \$26.00 will be charged. If filled out after 672 hours, a fee of \$27.00 will be charged. If filled out after 696 hours, a fee of \$28.00 will be charged. If filled out after 720 hours, a fee of \$29.00 will be charged. If filled out after 744 hours, a fee of \$30.00 will be charged. If filled out after 768 hours, a fee of \$31.00 will be charged. If filled out after 792 hours, a fee of \$32.00 will be charged. If filled out after 816 hours, a fee of \$33.00 will be charged. If filled out after 840 hours, a fee of \$34.00 will be charged. If filled out after 864 hours, a fee of \$35.00 will be charged. If filled out after 888 hours, a fee of \$36.00 will be charged. If filled out after 912 hours, a fee of \$37.00 will be charged. If filled out after 936 hours, a fee of \$38.00 will be charged. If filled out after 960 hours, a fee of \$39.00 will be charged. If filled out after 984 hours, a fee of \$40.00 will be charged. If filled out after 1008 hours, a fee of \$41.00 will be charged. If filled out after 1032 hours, a fee of \$42.00 will be charged. If filled out after 1056 hours, a fee of \$43.00 will be charged. If filled out after 1080 hours, a fee of \$44.00 will be charged. If filled out after 1104 hours, a fee of \$45.00 will be charged. If filled out after 1128 hours, a fee of \$46.00 will be charged. If filled out after 1152 hours, a fee of \$47.00 will be charged. If filled out after 1176 hours, a fee of \$48.00 will be charged. If filled out after 1200 hours, a fee of \$49.00 will be charged. If filled out after 1224 hours, a fee of \$50.00 will be charged. If filled out after 1248 hours, a fee of \$51.00 will be charged. If filled out after 1272 hours, a fee of \$52.00 will be charged. If filled out after 1296 hours, a fee of \$53.00 will be charged. If filled out after 1320 hours, a fee of \$54.00 will be charged. If filled out after 1344 hours, a fee of \$55.00 will be charged. If filled out after 1368 hours, a fee of \$56.00 will be charged. If filled out after 1392 hours, a fee of \$57.00 will be charged. If filled out after 1416 hours, a fee of \$58.00 will be charged. If filled out after 1440 hours, a fee of \$59.00 will be charged. If filled out after 1464 hours, a fee of \$60.00 will be charged. If filled out after 1488 hours, a fee of \$61.00 will be charged. If filled out after 1512 hours, a fee of \$62.00 will be charged. If filled out after 1536 hours, a fee of \$63.00 will be charged. If filled out after 1560 hours, a fee of \$64.00 will be charged. If filled out after 1584 hours, a fee of \$65.00 will be charged. If filled out after 1608 hours, a fee of \$66.00 will be charged. If filled out after 1632 hours, a fee of \$67.00 will be charged. If filled out after 1656 hours, a fee of \$68.00 will be charged. If filled out after 1680 hours, a fee of \$69.00 will be charged. If filled out after 1704 hours, a fee of \$70.00 will be charged. If filled out after 1728 hours, a fee of \$71.00 will be charged. If filled out after 1752 hours, a fee of \$72.00 will be charged. If filled out after 1776 hours, a fee of \$73.00 will be charged. If filled out after 1800 hours, a fee of \$74.00 will be charged. If filled out after 1824 hours, a fee of \$75.00 will be charged. If filled out after 1848 hours, a fee of \$76.00 will be charged. If filled out after 1872 hours, a fee of \$77.00 will be charged. If filled out after 1896 hours, a fee of \$78.00 will be charged. If filled out after 1920 hours, a fee of \$79.00 will be charged. If filled out after 1944 hours, a fee of \$80.00 will be charged. If filled out after 1968 hours, a fee of \$81.00 will be charged. If filled out after 1992 hours, a fee of \$82.00 will be charged. If filled out after 2016 hours, a fee of \$83.00 will be charged. If filled out after 2040 hours, a fee of \$84.00 will be charged. If filled out after 2064 hours, a fee of \$85.00 will be charged. If filled out after 2088 hours, a fee of \$86.00 will be charged. If filled out after 2112 hours, a fee of \$87.00 will be charged. If filled out after 2136 hours, a fee of \$88.00 will be charged. If filled out after 2160 hours, a fee of \$89.00 will be charged. If filled out after 2184 hours, a fee of \$90.00 will be charged. If filled out after 2208 hours, a fee of \$91.00 will be charged. If filled out after 2232 hours, a fee of \$92.00 will be charged. If filled out after 2256 hours, a fee of \$93.00 will be charged. If filled out after 2280 hours, a fee of \$94.00 will be charged. If filled out after 2304 hours, a fee of \$95.00 will be charged. If filled out after 2328 hours, a fee of \$96.00 will be charged. If filled out after 2352 hours, a fee of \$97.00 will be charged. If filled out after 2376 hours, a fee of \$98.00 will be charged. If filled out after 2400 hours, a fee of \$99.00 will be charged. If filled out after 2424 hours, a fee of \$100.00 will be charged.

SUPPLEMENTARY CERTIFICATE OF DEATH INFORMATION

# 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*, *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.)