

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

Township

or

Village

or

City

FULL NAME

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No.

File No.

Primary Registration District No.

Registered No.

St. Ward

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

## PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH

*July 29, 1895*  
(Month) (Day) (Year)

AGE

*17 yrs. 8 mos. 11 ds.*  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

*Student*

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

*( ) - ( )*

BIRTHPLACE

(City or town, State or foreign country)

*Mo.*

NAME OF FATHER

*M. O. Jurrentinus*

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

*Mo.*

MAIDEN NAME OF MOTHER

*Thompson*

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

*Mo.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

*Mrs. Kitty Jurrentinus*

(ADDRESS)

*Marionville, Mo.*

Filed

*April 10, 1913*

*J. P. Andrews*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

*April 10, 1913*  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Apr. 1, 1913*, to *Apr. 10, 1913*, that I last saw her alive on *Apr. 10, 1913*, and that death occurred, on the date stated above, at *11:40 a.m.*

The CAUSE OF DEATH\* was as follows:

*Stomach poisoning*

Contributory

(SECONDARY)

*177 928*  
*Heart valve lesions*  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed)

*Apr. 10, 1913* *Jesse P. Bard* M. D. (Address) *Marionville, 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

DATE OF BURIAL

*Marionville* *4/13, 1913*

UNDERTAKER

ADDRESS

*W. H. Tate* *Marionville*

# 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, meningis, 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.)



LAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH

County Lawrence

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

Township \_\_\_\_\_ Registration District No. 468 File No. \_\_\_\_\_

Village \_\_\_\_\_ Primary Registration District No. 4281 Registered No. 7

City Marionville (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME

Myrl Turrentine

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S.

DATE OF DEATH April 10, 1913  
(Month) (Day) (Year)

DATE OF BIRTH July 29, 1895  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1913 to April 10, 1913  
that I last saw her alive on April 10, 1913,  
and that death occurred, on the date stated above, at 11:30 P. m.

AGE 17 yrs. 8 mos. 11 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Stomach Poisoning from eating colored ice cream (green).  
(Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.

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

Contributory Heart Valve lesions  
(SECONDARY) (Duration) 9 yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER W. O. Turrentine

(Signed) J. P. Baird M. D.  
June 7, 1913 (Address) Marionville Mo.

BIRTHPLACE OF FATHER (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.

MAIDEN NAME OF MOTHER Kitty Hornhill

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. P. Baird  
(ADDRESS) Marionville Mo.

Former or usual residence \_\_\_\_\_

Filed April 10, 1913 J. P. Baird  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Marionville Mo. DATE OF BURIAL April 12, 1913

UNDERTAKER R. A. Kite ADDRESS Marionville

# 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.)

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