

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Newton
 Township Five Mile
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 611 File No. 13903
 Primary Registration District No. 6258 Registered No. 20

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

FULL NAME Mahala Ventle

PERSONAL AND STATISTICAL PARTICULARS			✓ MEDICAL CERTIFICATE OF DEATH
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED, WIDOWED OR DIVORCED <u>Married</u> <small>(Write the word)</small>	DATE OF DEATH <u>April 18, 1913</u> <small>(Month) (Day) (Year)</small>
DATE OF BIRTH <u>Sept. 18, 1848</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Apr. 12, 1913</u> , to <u>Apr. 18, 1913</u> , that I last saw her alive on <u>Apr. 12, 1913</u> and that death occurred, on the date stated above, at <u>11 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Heber's (Chronic Rheumatism)</u> <u>131</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory (Secondary) <u>(Heart Failure)</u> (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>J. B. Dineen</u> M. D. <u>Apr. 17, 1913</u> (Address) <u>Seneca Mo.</u> *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
AGE <u>64</u> yrs. <u>5</u> mos. _____ ds.			
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Va.</u>			
PARENTS	NAME OF FATHER <u>Hiram Mercer</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont Know</u>		
	MAIDEN NAME OF MOTHER <u>Nancy Franklin</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>James Bruce</u>			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 _____
(ADDRESS) <u>Hornett, Mo.</u>			
Filed <u>Apr. 19, 1913</u> <u>H. M. Campbell</u> REGISTRAR			
PLACE OF BURIAL OR REMOVAL <u>Hornett, Mo.</u>		DATE OF BURIAL <u>April 18, 1913</u>	
UNDERTAKER <u>Holden Undertaker</u> ✓		ADDRESS <u>Galena, Kan.</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.)



WRITE PLAINLY WITH UNFADING INK—THIS IS A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. SEX should be stated EXACTLY. PRY should be stated EXACTLY. If a statement of OCCUPATION is required, it should be stated in plain terms, so that it may be properly related to. Very important.

PLACE OF DEATH

County Newton
Township Five Mile
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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.
Registration District No. 611 File No. _____
Primary Registration District No. 6258 Registered No. 20

FULL NAME Mahala Kentler

[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 Married
(Write the word)

DATE OF DEATH 4 18, 1913
(Month) (Day) (Year)

DATE OF BIRTH Sept 18, 1848
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

AGE 64 yrs. 5 mos. _____ 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 _____ (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 _____ BIRTHPLACE OF FATHER (City or town, State or foreign country) _____ MAIDEN NAME OF MOTHER _____ BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____ M. D. _____ 191____ (Address) _____

*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

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(Informant) _____

PLACE OF BURIAL OR REMOVAL Home MO DATE OF BURIAL 4-19 1913

(ADDRESS) _____

Filed June 10, 1913 W. M. Campbell REGISTRAR

UNDERTAKER Holder Undertaker ADDRESS Galena Kansas

Revised United States Standard Certificate of Death

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

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