

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

13977

PLACE OF DEATH
County Peunssot
Township _____
or
Village _____
or
City Hayti (NO. _____) (St. _____) (Ward _____)

Registration District No. 653 File No. _____
Primary Registration District No. 4390 Registered No. 41

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

FULL NAME Artie Eugenia Borlawn

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(If write the word)
DATE OF BIRTH April 29, 1911
(Month) (Day) (Year)
AGE 1 yrs. 11 mos. 27 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) O-O

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

PARENTS
NAME OF FATHER Ernest Ernest Borlawn
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tiptonville Mo
MAIDEN NAME OF MOTHER Hettie Sands
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tiptonville Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Borlawn
(ADDRESS) Hayti Mo

Filed April 23, 1913 J. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 5, 1913, to 4/21, 1913, that I last saw her alive on 4/21, 1913, and that death occurred, on the date stated above, at 9:15 m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
107A
(Duration) ___ yrs. ___ mos. 8 ds.

Contributory (SECONDARY) _____
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. H. Mayes M. D.
4/21, 1913 (Address) Hayti 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 Woodlawn Cem. DATE OF BURIAL April 23, 1913
UNDERTAKER G. W. Davis ADDRESS Hayti Mo

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.

WALIE PLAINLY, WITH CONCISE AND THIS IS A PRELIMINARY RECORD

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

STATE BOA

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JEFFERSON CITY,

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Care should be taken to report specifically for 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," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always report all diseases resulting from childbirth or mismanagement, as "PUERPERAL septicaemia," "PUERPERALitis," etc. State cause for which surgical operation undertaken. For VIOLENT DEATHS state MEANS OF DEATH and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by trolley train—accident; Revolver wound of head—homicide; Injured by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *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.)