

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

PLACE OF DEATH

County Vernon Registration District No. 875 File No. 17302
 or Township Washington Primary Registration District No. 6162 Registered No. _____
 or Village _____ (NO. State Hosp #3) St. _____ Ward _____
 or City _____

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

FULL NAME Dora E Bird

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June, 1913
(Month) (Day) (Year)

AGE 32 yrs. 0 mos. 0 ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) 4-10

BIRTHPLACE (City or town, State or foreign country) In mo.

PARENTS
 NAME OF FATHER Uncle
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
 MAIDEN NAME OF MOTHER Uncle
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Alice Coile
 (ADDRESS) Nevada mo.

Filed April 26 1913 G.W. Willson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 25, 1913, to April 22, 1913, that I last saw her alive on April 22, 1913, and that death occurred, on the date stated above, at 9:00 a.m. The CAUSE OF DEATH* was as follows:

General Paralysis
67 yrs. 3 mos. 0 ds.
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Charles B. Minner M. D.
April 22, 1913 (Address) Nevada 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 3 yrs. 0 mos. 0 ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? Uncle
 Former or usual residence Monett mo.

PLACE OF BURIAL OR REMOVAL # State Hospital 3 DATE OF BURIAL 4/26, 1913

UNDERTAKER W. J. Hancock ADDRESS Nevada mo.

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, Composer, 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, 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.)



PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Vernon
Township Washington
or
Village
or
City

Registration District No. 875 File No. _____
Primary Registration District No. 6162 Registered No. 72
(NO. State Hospital No. 3 Ward)

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

FULL NAME

Dora E. Bird

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH April 22, 1913
(Month) (Day) (Year)

DATE OF BIRTH Unk now
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 15, 1913, to Apr. 22, 1913, that I last saw her alive on 4 22, 1913

AGE 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.

and that death occurred, on the date stated above, at 9:29 m.

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

The CAUSE OF DEATH* was as follows:
General Paralysis of the insane

BIRTHPLACE (City or town, State or foreign country)

(Duration) 3 yrs. mos. ds.

NAME OF FATHER

Contributory (Secondary) (Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country)

(Signed) C. H. Stuebe M. D. 6/6, 1913 (Address) Nevada Mo.

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.

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alice Coil

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

(ADDRESS) Nevada Mo.

Where was disease contracted if not at place of death?

Filed June 7, 1913 W. B. Kelly REGISTRAR

Former or usual residence Satisfactory Information Supplied.

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL _____ 19L

UNDERTAKER Satisfactory Information ADDRESS Supplied.

SUPPLEMENTARY

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," "Ananition," "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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