

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			BUREAU OF VITAL STATISTICS		
COUNTY			CERTIFICATE OF DEATH		
County <u>Wayne</u>			Registration District No. <u>892</u>	File No. <u>15538</u>	
Township <u>Williamsville</u>			Primary Registration District No. <u>4541</u>	Registered No. <u>7</u>	
City <u>11</u> (NO. _____) St. _____ Ward _____			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
FULL NAME <u>Frank Thelma Bennett</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)	DATE OF DEATH <u>April 1, 1913</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>March 10, 1913</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>March 30, 1913</u> , to <u>April 1, 1913</u> , that I last saw her alive on <u>April 1st</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at _____ m.		
AGE _____ yrs. _____ mos. <u>22</u> ds.			The CAUSE OF DEATH* was as follows: <u>This was suppression of the urine, followed by uraemic poisoning, which caused its death.</u>		
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			133 (Duration) _____ yrs. _____ mos. <u>2</u> ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Williamsville, Mo.</u>			Contributory <u>Convulsion</u> (SECONDARY) (Duration) _____ yrs. _____ mos. <u>Two</u> ds.		
PARENTS	NAME OF FATHER <u>Charles Alex Bennett</u>		(Signed) <u>J. L. McGhee</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Jefferson Co. Mo. (Blueford)</u>		(Address) _____		
	MAIDEN NAME OF MOTHER <u>Maudie Cutler</u>		*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) <u>Williamsville, Mo.</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 _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Maudie Bennett</u> (ADDRESS) <u>Williamsville, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Williamsville, Mo.</u>		
Filed <u>April 2nd</u> 191 <u>3</u> <u>J. L. McGhee</u> REGISTRAR			DATE OF BURIAL <u>April 2nd</u> 191 <u>3</u> ADDRESS _____		

# 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*, *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*, *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.)



WHILE IN PROCESS, WITH UNREADING INK, THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Wayne  
 Township \_\_\_\_\_  
 or Village Williamsville  
 or City \_\_\_\_\_ (NO. \_\_\_\_\_)

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. 892 File No. \_\_\_\_\_  
 Primary Registration District No. 4541 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Irene Thelma Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED. (Write the word)
DATE OF BIRTH <u>Feb 10 1913</u> (Month) (Day) (Year)		
AGE ____ yrs. ____ mos. <u>23</u> 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) <u>Williamsville, Mo</u>		
PARENTS	NAME OF FATHER <u>Charles Lee Bennett</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Jefferson Co. Ill. (Beyford)</u>	
	MAIDEN NAME OF MOTHER <u>Maudie Bentler</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Williamsville, Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 30 1913, to Apr 1 1913,  
 when I last saw her alive on Apr 1 1913,  
 and that death occurred, on the date stated above, at 1 P. M.  
 The CAUSE OF DEATH\* was as follows:  
There was suppression of the urine followed by uraemic poisoning which caused its death.

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) Convulsions  
 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) J. L. Mc Ghee M. D.  
Apr 1 1913 (Address) Williamsville

\*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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Maudie Bennett  
 (ADDRESS) Williamsville, Mo

PLACE OF BURIAL OR REMOVAL Williamsville, Mo  
 UNDERTAKER none  
 DATE OF BURIAL Apr. 2 1913  
 ADDRESS X

Filed June 11 1913 J. L. Mc Ghee  
 REGISTRAR

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Association]

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