

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.

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

PLACE OF DEATH
County Ripley
Township Flatwoods Registration District No. 754 File No. 17514
or
Village _____ Primary Registration District No. 6280 Registered No. 7
or
City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Eva White Kennon

PERSONAL AND STATISTICAL PARTICULARS

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 BIRTH <u>Feb. 22, 1885-</u> <small>(Month) (Day) (Year)</small>		
AGE <u>28</u> yrs. <u>3</u> mos. <u>2</u> ds.		IF LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>School teaching</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Private School teaching</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ripley Mo</u>		
PARENTS	NAME OF FATHER <u>W. B. White</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn.</u>	
	MAIDEN NAME OF MOTHER <u>Jimmie S. Jackson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>	

MEDICAL CERTIFICATE OF DEATH

2) DATE OF DEATH May 24th, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 23rd, 1913, to May 24th, 1913, that I last saw him alive on May 24th, 1913, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
24th
24th
(Duration) 1 yrs. 6 mos. _____ ds.
Contributory neuritis
(Duration) _____ yrs. _____ mos. 3 ds.
(Signed) A. E. Doctor M. D.
May 24, 1913 (Address) Doniphan Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, & 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) W. E. White

(ADDRESS) Fairdealing Mo

Filed 5/29 1913 W. E. White
REGISTRAR

PLACE OF BURIAL OR REMOVAL Fairdealing Cem. DATE OF BURIAL May 25th, 1913
UNDERTAKER J. H. Wright ADDRESS Doniphan Mo

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.)



ENT RECORD

MARGIN RESERVED FOR BINDING

V. B. No. 2.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL INFORMATION MUST BE CLASSIFIED EXACTLY AS OCCURRED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

ACTIVE PHYSICIANS should state exact date of death. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Repley
Township Flatawoods
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 754
Primary Registration District No. 6280

File No. 44
Registered No. 7

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

FULL NAME Eva White Kennon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female
Satisfactory information supplied
COLOR OR RACE White
Satisfactory information supplied
SINGLE MARRIED Married
OR DIVORCED
(If wife the word)
DATE OF BIRTH February 22 1885
Satisfactory information supplied
AGE 28 yrs. 3 mos. 2 ds.
IF LESS than
1 yr. _____ hrs. _____ min.

OCCUPATION
(a) Trade, profession, or particular kind of work Satisfactory School teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Information supplied

BIRTHPLACE
(City or town, State or foreign country) Repley Co. Mo.
Satisfactory information supplied.

PARENTS
NAME OF FATHER Robert White
BIRTHPLACE OF FATHER Union Tenn.
MAIDEN NAME OF MOTHER Josephine Anderson
BIRTHPLACE OF MOTHER Union Tenn.
Satisfactory information supplied.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Her White

(ADDRESS) Fairdealings Mo

Filed 5/29 1913, Her White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Satisfactory to 5/24, 1913,
(Date) (Month) (Day) (Year)
and that death occurred, on the date stated above, at 5:20 Information supplied m.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
Satisfactory information supplied.

Contributory tubercular meningitis
(SECONDARY)
(Duration) 2 yrs. 0 mos. 0 ds.

(Signed) S. A. Proctor M. D.
5/25 1913 (Address) Fairdealings 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 Fairdealings Cem.
DATE OF BURIAL 5/25 1913
UNDERTAKER Information supplied
ADDRESS Repley Mo

Revised United States Standard Certificate of Death

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

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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, 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," "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.)

17517