

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 Buchanan
Township _____ Registration District No. 85 File No. 19400
Village _____ Primary Registration District No. 1001 Registered No. 566
City St Joseph (NO. 1303 m 11 st) St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Helen Mansberger

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH June 16, 1913
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 18 hrs. If LESS than 1 day 18 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) _____

BIRTH PLACE
(City town, State foreign country) St Joseph

PARENTS
NAME OF FATHER Samuel Mansberger
BIRTH PLACE OF FATHER Wheeling West Virginia
(City or town, State or foreign country)
MOTHER'S NAME Kate McSewald
BIRTH PLACE OF MOTHER Mo.
(City town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W J McDaniel
(ADDRESS) 201 Harvard St

Filed June 17, 1913 W H Harrington
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 16, 1913, to June 16, 1913, that I last saw her alive on June 16, 1913 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
"Premature birth"
154 151
(Duration) _____ yrs. _____ mos. 1 ds. 4

Contributory Premature birth
(SECONDARY) (Duration) _____ yrs. _____ mos. 1 ds. 4
(Signed) Herbert Lee, M. D.
June 17, 1913 (Address) Station D,

*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 Mt Olivet Cemetery DATE OF BURIAL June 17, 1913
UNDERTAKER Rock & Clark ADDRESS 211-13 - 817 st

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 an example: *Spinster*, (b) *Cotton mill*; (a) *Salesman*, *Fireman*, (b) *Automobile factory*. The first line may form part of the second statement: "Laborer," "Foreman," "Manager," etc. For more precise specification, as *Day laborer*, *Laborer—Coal mine*, etc. Women engaged in the duties of the household (*Cleaners* who receive a definite salary), *Housewife*, *Housework*, or *At home*, and *Unemployed*, 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, 8 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*, *Glomerular 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 "Asthma," "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.)