

CAUSE OF DEATH in plain terms, so that it can be understood by all. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County Webster
Township Osba Has
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 998 File No. 21867
Primary Registration District No. 6204 Registered No. 00

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

FULL NAME Ernie Steward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>Oct 6, 1911</u> (Month) (Day) (Year)		
AGE <u>20</u> yrs. <u>20</u> mos. <u>20</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?

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

I HEREBY CERTIFY, that I attended deceased from June 17th, 1913, to June 24th, 1913, that I last saw her alive on June 24th, 1913, and that death occurred, on the date stated above, at 11²⁰ a.m.

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

The CAUSE OF DEATH* was as follows:
Cerebro Spinal Meningitis

BIRTHPLACE (City or town, State or foreign country) Webster Co Mo

(Duration) _____ yrs. _____ mos. 9 ds.

PARENTS	NAME OF FATHER <u>Arthur Steward</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>
	MAIDEN NAME OF MOTHER <u>Leta Reed</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. J. Rabeman M. D.
626/1913 (Address) Fordland 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 _____ 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) E. C. Steward
(ADDRESS) Fordland

PLACE OF BURIAL OR REMOVAL <u>Steward cemetery</u>	DATE OF BURIAL <u>June 27, 1913</u>
UNDERTAKER <u>W. J. Rabeman</u>	ADDRESS <u>Fordland</u>

Filed June 26, 1913 W. J. Rabeman REGISTRAR

Revised United States Standard 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 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*, *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.)

PLACE OF DEATH

County Webster
 Township East Dallas
 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. 898 File No. _____
 Primary Registration District No. 6204 Registered No. 50

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

FULL NAME Eric Steward

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE single MARRIED _____
 Satisfactory Information supplied. (Write the word)

DATE OF BIRTH Oct 5, 1911
 Satisfactory Information supplied. (Day) (Year)

AGE 2 yrs. 20 mos. 26 ds. If LESS than _____ 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) _____
 Satisfactory Information supplied.

BIRTHPLACE (City or town, State or foreign country) _____

PARENTS
 NAME OF FATHER Arthur Steward
 BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
 MAIDEN NAME OF MOTHER Leta Wood
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Sigfred B. Steward
 (ADDRESS) Woodland Mo
 Satisfactory Information supplied.

Filed June 26, 1913 W. Rabrnan REGISTRAR
 Satisfactory Information supplied.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 18, 1913, to June 26, 1913,
 that I last saw her alive on June 25, 1913,
 and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:
Cerebro spinal meningitis
not epidemic
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. Rabrnan M. D.
June 26, 1913 (Address) Woodland

*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 Steward cemetery DATE OF BURIAL June 27, 1913
 UNDERTAKER L. C. Sherman ADDRESS Woodland Mo
 Satisfactory Information supplied.

PERMANENT RECORD

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.

Revised United States Standard Certificate of Death

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

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