

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Andrew
Township Platte
or
Village Rea
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 15 File No. 219182
Primary Registration District No. 3019 Registered No. 12

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

FULL NAME Virginia Belle Fisher

PERSONAL AND STATISTICAL PARTICULARS

SEX Female **COLOR OR RACE** white **SINGLE MARRIED WIDOWED OR DIVORCED** married
(If wife the word)

DATE OF BIRTH April 24, 1864
(Month) (Day) (Year)

AGE 49 yrs. 2 mos. 3 ds. **IF LESS than 1 day, ___ hrs. or ___ min.?**

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

BIRTHPLACE Cynthiana Ohio
(City or town, State or foreign country)

PARENTS
NAME OF FATHER James E. Baker
BIRTHPLACE OF FATHER Bainbridge Ohio
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Sarah J. Cameron
BIRTHPLACE OF MOTHER Cynthiana Ohio
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Florence Cole
(ADDRESS) Rea, Mo.

Filed July 20, 1913 John F. Case
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 1st, 1913, to June 14, 1913, that I last saw h^e alive on June 14, 1913, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:
Acute Myelitis
1 to 1 1/2
(Duration) 1 yrs. 1 mos. 1 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. W. Bair M. D.
July 10, 1913 (Address) Rea, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Scissidal, 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 Walnut Grove **DATE OF BURIAL** June 28, 1913
UNDERTAKER W. G. and J. E. Cole **ADDRESS** King City, 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*, *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 business or industry, and therefore an example is provided for the latter statement; it is to be used when needed. As examples: (a) *Mill*; (b) *Salesman*, (c) *Grocery*; (d) *Automobile factory*. The material part of the second statement is *laborer*, "Foreman," "Manager," etc. For more precise specification, as *laborer*, *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the *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, meningis, 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.)

