

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

PLACE OF DEATH  
County Douglas  
Township Wainwright  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 974 File No. 26001  
Primary Registration District No. 5387 Registered No. \_\_\_\_\_

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

FULL NAME Unnamed Naves

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH Aug 3, 1913  
(Month) (Day) (Year)

AGE 3 yrs. 3 mos. 3 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) Douglas Mo

PARENTS  
NAME OF FATHER Daniel Naves  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Douglas Mo  
MAIDEN NAME OF MOTHER Alice Lewis  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas

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

(ADDRESS) Rome Mo

Filed Aug 5, 1913 D. J. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 5, 1913, to Aug 5, 1913, that I last saw her alive on Aug 5 3 PM, 1913, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:  
Inf. Gastroenteritis  
171 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory Improper food & heat  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) D. J. Bailey M. D.  
Aug 5, 1913 (Address) Rome 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? at Place of death

Former or usual residence same

PLACE OF BURIAL OR REMOVAL Walnut Grove Cem DATE OF BURIAL July Aug 6, 1913

UNDERTAKER Neighborhood ADDRESS Rome Mo

## 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 health-  
 =ss of various pursuits can be known. The ques-  
 applies to each and every person, irrespective of  
 For many occupations a single word or term on  
 first line will be sufficient, e. g., *Farmer* or *Planter*,  
*Engineer*, *Stationary fireman*, etc. But in many  
 especially in industrial employments, it is neces-  
 o know (a) the kind of work and also (b) the  
 xxx of the business or industry, and therefore an  
 nual line is provided for the latter statement; it  
 be used only when needed. As examples: (a)  
 , (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;  
*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*, *House-*  
*work*, or *At home*, and children, not gainfully employed,  
 as *At school* or *At home*. Care should be taken to re-  
 port specifically the occupations of persons engaged in  
 domestic service for wages, as *Servant*, *Cook*, *House-*  
*maid*, etc. If the occupation has been changed or given  
 up on account of the DISEASE CAUSING DEATH, state oc-  
 cupation at beginning of illness. If retired from busi-  
 ness, that fact may be indicated thus: *Farmer (re-*  
*tired, 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 re-  
 spect to time and causation), using always the same  
 accepted term for the same disease. Examples: *Cere-*  
*brospinal 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*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is  
 less definite; avoid use of "Tumor" for malignant  
 neoplasms); *Measles*; *Whooping cough*; *Chronic valv-*  
*ular heart disease*; *Chronic interstitial nephritis*, etc. The  
 contributory (secondary or intercurrent) affection need  
 not be stated unless important. Example: *Measles* (dis-  
 ease causing death), *29 ds.*; *Bronchopneumonia* (sec-  
 ondary), *10 ds.* Never report mere symptoms or termi-  
 nal conditions, such as "Asthenia," "Anaemia"  
 (merely symptomatic), "Atrophy," "Collapse," "Coma,"  
 "Convulsions," "Debility" ("Congenital," "Senile," etc.),  
 "Dropsy," "Exhaustion," "Heart failure," "Haemor-  
 rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite  
 can be ascertained as the cause. Always qual-  
 diseases resulting from childbirth or miscarria  
 "PUERPERAL septicaemia," "PUERPERAL peritoniti  
 State cause for which surgical operation was  
 taken. For VIOLENT DEATHS state MEANS OF INJUI  
 qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL,  
 probably such, if impossible to determine defi  
 Examples: *Accidental drowning*; *Struck by re-*  
*train—accident*; *Revolver wound of head—hom-*  
*Poisoned by carbolic acid—probably suicide*. Th  
 ture of the injury, as fracture of skull, and c  
 quences (e. g., *sepsis*, *tetanus*) may be stated unde  
 head of "Contributory." (Recommendations on  
 ment of cause of death approved by Committe  
 Nomenclature of the American Medical Associat

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