

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 Murphy
Township Madison
or
Village
or
City (NO. 5748 St. 555 Ward 30367)

Registration District No. 555
Primary Registration District No. 4927
Registered No. 5748

FULL NAME Olga Susan Arnote

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

PERSONAL AND STATISTICAL PARTICULARS			2 MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Widow.</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Sept</u> <u>26</u> , 191 <u>3</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May</u> <u>12</u> , 18 <u>85</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
AGE <u>78</u> yrs. <u>4</u> mos. <u>6</u> ds.			that I last saw h_____ alive on _____, 191____,	
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			and that death occurred, on the date stated above, at _____ m.	
BIRTHPLACE (City or town, State or foreign country) <u>Laurel Co Ky</u>			The CAUSE OF DEATH* was as follows: <u>Found by death.</u>	
PARENTS	NAME OF FATHER <u>John Owen</u>	IF LESS than 1 day, _____ hrs. or _____ min.?	<u>181</u> (Duration) _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dept Mon</u>		Contributory <u>186</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Dept Mon</u>		(Signed) <u>James B Cunningham M. D.</u> <u>Sept 27</u> , 191 <u>3</u> (Address) <u>Modena Mo.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>11 11</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E E Arnote</u> (ADDRESS) <u>Modena Mo.</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
Filed <u>Sept 27</u> , 191 <u>3</u> <u>J B Cunningham</u> REGISTRAR			Where was disease contracted if not at place of death? Former or usual residence _____	
			PLACE OF BURIAL OR REMOVAL <u>Salem Cemetery</u> UNDERTAKER <u>Frank Pixler</u>	
			DATE OF BURIAL <u>Sept 28</u> , 191 <u>3</u> ADDRESS <u>Princeton Mo.</u>	

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 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*, *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.)

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K- IS A PERM

PLACE OF DEATH

County Merced
 Township Madison
 or
 Village _____
 or
 City _____

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

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 555 File No. _____
 Primary Registration District No. 5748 Registered No. V
 St. _____ Ward _____

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

FULL NAME

Eliza Susan Arnote

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE Widow
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Factory Information Supplied
 (Month) _____ (Day) _____ (Year) _____

AGE _____
 IF LESS than 1 day, _____ hrs. _____ min.
 or _____ yrs. _____ mos. _____ ds.

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) _____

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Satisfactory Information Supplied

(ADDRESS) _____

Filed Oct 27 1913 C. B. Cunningham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-26-1913
 (Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from _____
 to _____, 191____
 that I last saw him alive on _____, 191____
 and that death occurred, on the date stated above, _____ m.

The CAUSE OF DEATH* was as follows:
Found Burned & death
at his home by a neighbor
supposed to have fallen down stairs
with a burning match & now

Contributory accidental
 (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) James C. Cunningham
9-27-1913 (Address) Modena 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 _____ DATE OF BURIAL _____ 191____

UNDERTAKER _____ ADDRESS _____
Satisfactory Information Supplied

Original file, date _____ AS information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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