

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

PLACE OF DEATH
County Cass
Township _____
Age _____

Registration District No. 399 File No. 39501
Primary Registration District No. 1002 Registered No. 3886

Full Name Sippie Love (If death occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Single

DATE OF BIRTH Unknown, 116?
(Month) (Day) (Year)

AGE 46 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION Trade, profession, or particular kind of work At Home
General nature of industry, business, or establishment in which employed (or employer) _____

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

NAME OF FATHER Richard Love

BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri

MAIDEN NAME OF MOTHER Sippie Jones

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

IF ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) John Jones

(ADDRESS) 2543 Michigan

DEC 13 1913 H. S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 24, 1913, to Nov 24, 1913, that I last saw her alive on Nov 30, 1913, and that death occurred, on the date stated above, at 3 a.m.
The CAUSE OF DEATH* was as follows:

Ovarian Tumors
(Non-malignant)
Duration) 5 yrs. _____ mos. _____ ds.

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

(Signed) W. S. Watts M. D.
12-13 1913 (Address) 3629 St. John

*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 Woodlawn DATE OF BURIAL Dec 11, 1913

UNDERTAKER Watts Bros ADDRESS 1729 E. 12th

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*. Where 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 removed from business, that fact may be indicated thus: *Former (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; *Whooping cough*; *Chronic valvular heart disease* *interstitial nephritis*, etc. The contributory or intercurrent affection need not be stated if unimportant. Example: *Measles* (disease caused by *Measles virus*), *Bronchopneumonia* (secondary), *Influenza*. Do not report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debilization," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc. If a definite disease can be ascertained as the cause, it should qualify all diseases resulting from childbearing, as "PUERPERAL septicaemia," "peritonitis," etc. State cause for which surgery was undertaken. For VIOLENT DEATHS state the nature of the 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.)

County