

PLACE OF DEATH.

STATE OF ~~KANSAS~~ *Missouri*

STATE BOARD OF HEALTH—DIV. OF VITAL STATISTICS.

County *Barton*Township *Le Roy H*City *Oskaloosa 5063*

STANDARD CERTIFICATE OF DEATH. 11576

Registered No. _____

street, _____ Ward. _____

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

FULL NAME *Charlotte Pence*

PERSONAL AND STATISTICAL PARTICULARS.

Sex. *F* Color or Race. *W* Single, Married, Widowed, or Divorced. *Single*
(Write the word.)

Date of Birth. *April 13-1914*
(Month) (Day) (Year)

Age. *9*
IF LESS than 1 day, _____ hrs. _____ yrs. _____ mos. _____ ds. or _____ min.?

Occupation. (a) Trade, profession, or particular kind of work. *At Home 161*
(b) General nature of industry, business, or establishment in which employed (or employer). *127*

Birthplace. (State or country). *Oskaloosa Mo.*

Parents.
 10 Name of Father. *Araron Pence*
 11 Birthplace of Father. (State or country). *Bowling Green Ky.*
 12 Maiden name of Mother. *Anna Dobbin*
 13 Birthplace of Mother. (State or country). *Vernon's Mo.*

14 The above is true to the best of my knowledge.
(Informant) *d. a. Pence*

(Address) *Oskaloosa Mo*

Filed *Apr 23 1914* *W. R. Smith*
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16 Date of Death. *Apr 22* 191*4*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *April 17th* 191*4*, to *April 21st* 191*4*, that I last saw her alive on *April 21st* 191*4*

and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH * was as follows:

B
D Jaundice 15

(Duration) _____ yrs. _____ mos. *9* da.
Contributory (Secondary). *Obstruction Gall Bladder*

(Signed) *W. R. Fincher* M. D.
Apr 22 1914 (Address) *Acadia, Kans*

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For hospitals, institutions, transients, or recent residents).

At place of death _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da.

Where was disease contracted.
If not at place of death? _____

Former or usual residence. _____

19 Place of Burial or Removal. *Shiloh Cemetery* Date of Burial. *April 22 1914*

20 Undertaker. *W. R. Kovantz* Address. *Acadia, Kans*

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. See instructions on back of certificate.

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*, *Composer*, *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.)