

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

PLACE OF DEATH
County Randolph
Township Prairie
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 736 File No. 30089
Primary Registration District No. 5964B Registered No. 18

FULL NAME Opel Mrs Acton

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE American SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Sept 2, 1914
(Month) (Day) (Year)
AGE _____ If LESS than 1 day, 6 hrs. or 2 min.?
0 yrs. 0 mos. 0 ds.

DATE OF DEATH Sept 3, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 2, 1914, to Sept 2, 1914, that I last saw her alive on Sept 2, 1914, and that death occurred, on the date stated above, at 4.9 m.

The CAUSE OF DEATH* was as follows:

Was a Premature Birth & Died from weakness
15

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

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

BIRTHPLACE
(City or town, State or foreign country) Randolph Co. Mo

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

PARENTS
NAME OF FATHER Jimmie Acton

(Signed) W. R. Terrill M. D.
Sept 5, 1914 (Address) Perrick Mo

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

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER Julia Spencie

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Boone Co Mo

At place of death _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____

(Informant) Jimmie Acton
(ADDRESS) Clark Mo

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 191_____

Filed _____ 191_____ REGISTRAR

UNDERTAKER _____ ADDRESS _____

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.

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 septicæmia," "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.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

Randolph
Fairfax

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

736
5964 B

County

Township

Village

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

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

FULL NAME

Opel Mae Acton

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OF HAIR Blk SINGLE MARRIED WIDOWED OR DIVORCED S.

DATE OF BIRTH Sept 2, 1914 (Month) (Day) (Year)

AGE 4 yrs. 0 mos. 0 ds. IF LESS than 1 day, 6 hrs. or 15 min.

OCCUPATION (a) Trade, profession, or particular kind of work no info supplied (b) General nature of industry, business, or establishment in which employed (or employer) no info supplied

BIRTHPLACE (City or town, State or foreign country) Randolph Mo

NAME OF FATHER Jurney Acton

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

MAIDEN NAME OF MOTHER Spaulding Spencie

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jurney Acton

(ADDRESS) Clark Mo

Filed Oct 27 1914 Henry Kimberling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3, 1914 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 2, 1914, that I first saw her alive on Sept 2, 1914, and that death occurred, on the 3rd stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows: Primitive but progressive cardiac weakness (Duration) 0 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) no info supplied (Duration) 0 yrs. 0 mos. 0 ds. (Signed) W R Terrellick M. D. Sept 5, 1914 (Address) Richmond Mo

*State the Cause 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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted if not at place of death? no info supplied

Former or usual residence no info supplied

PLACE OF BURIAL OR REMOVAL Jarvis Corn DATE OF BURIAL Sept 3, 1914

UNDERTAKER Jurney Acton ADDRESS Clark Mo

Revised United States Standard Certificate of Death

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

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