

## PLACE OF DEATH

County St Clair  
 or  
 Township Rosecov  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registration District No. 766 File No. 36497  
 Primary Registration District No. 6011 Registered No. 14

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

FULL NAME Jane Hannah

## PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED Married  
 WIDOWED OR DIVORCED  
 (Write the word)

DATE OF BIRTH Nov 14, 1859  
 (Month) (Day) (Year)

AGE 55 yrs. 14 mos. 14 ds. IF LESS than  
 1 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.?

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

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

PARENTS  
 NAME OF FATHER C. J. Ferrell  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
 MAIDEN NAME OF MOTHER Delia Booth  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. K. Hannah  
 (ADDRESS) Rosecov Mo

Filed Nov 28, 1914 C. S. Stratton  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28, 1914  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 18, 1914, to Nov 26, 1914, that I last saw her alive on Nov 26, 1914, and that death occurred, on the date stated above, at 7a m. The CAUSE OF DEATH\* was as follows:

Organic heart trouble  
92A  
95B (Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) C. S. Stratton M. D.  
Nov 28, 1914 (Address) Rosecov 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 Pleasant Spg DATE OF BURIAL Nov 29, 1914

UNDERTAKER Wm Siders ADDRESS El Dorado Spg Mo

# 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, peritonaeum*, 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.)

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

PLACE OF DEATH

County St. Clair  
Township Rose  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 766 File No. \_\_\_\_\_

Primary Registration District No. 6011 Registered No. 14

FULL NAME Jane Hannah

[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 F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED M  
(Write the word)

DATE OF DEATH NOV 28 1914  
(Month) (Day) (Year)

DATE OF BIRTH Nov 14 1859  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 28, 1914, to Nov 26, 1914, that I last saw him alive on Nov 26, 1914, and that death occurred, on the date stated above, at 7 a m.

AGE 55 yrs. 14 mos. 14 ds.  
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH\* was as follows:  
Organic Heart trouble  
Valvular heart trouble  
(Duration) 7 yrs. 7 mos. 7 ds.

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

BIRTHPLACE (City or town, State or foreign country) Clinton Tenn

PARENTS NAME OF FATHER C. J. Farrell  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn  
MAIDEN NAME OF MOTHER Edna Booth  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

Contributory (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) E. S. Stratton M.D.  
11/28 1914 (Address) Rose Me

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. K. Hanna  
(ADDRESS) Rose Me

\*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 \_\_\_\_\_

Filed 11/28 1914 E. S. Stratton  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Pleasant Spgs DATE OF BURIAL Nov 29 1914  
UNDERTAKER W. M. Siders ADDRESS Spgs Eldorado

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