

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

PLACE OF DEATH Bates.
County _____
Township New Home Registration District No. 53 File No. 03736
or _____
Village _____ Primary Registration District No. 5884 Registered No. H
or _____
City _____ (NO. _____ St. _____ Ward _____)
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jennie H. Albertson.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE Married.
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Feb. 17th, 1915
(Month) (Day) (Year)

DATE OF BIRTH January 27, 1891
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January 25, 1915, to January 25, 1915,
that I last saw her alive on January 25, 1915,
and that death occurred, on the date stated above, at 5:30 a.m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

AGE 24 yrs. 0 mos. 20 ds.
If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION Wife and House Keeper.
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer).

23A (Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE Poinatac Ill.
(City or town, State or foreign country)

Contributory (SECONDARY) (Duration) 2 yrs. ____ mos. ____ ds.

NAME OF FATHER W.M.M. Faubion.

(Signed) W.H. Allen M.D.
July 18, 1915 (Address) Rich Hill Mo

BIRTHPLACE OF FATHER Jackson Co Ind.
(City or town, State or foreign country)

*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 Florence Milburn

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

BIRTHPLACE OF MOTHER Livingston. Co Ill.
(City or town, State or foreign country)

At place of death 94 yrs. 0 mos. 20 ds. In the State 94 yrs. 3 mos. 20 ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? Rich Hill.

(Informant) Roy Coker

Former or usual residence Rich Hill.

(ADDRESS) Butler mo

PLACE OF BURIAL OR REMOVAL Morris Cemetery DATE OF BURIAL Feb. 18th, 1915

FILED Feb 17 1915 Dan G. Allen REGISTRAR

UNDERTAKER A.H. Culver Fun Co. ADDRESS Butler 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.)