

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

4483
5281

1 PLACE OF DEATH

County Lincoln

Township Winfield

Village Winfield

City (NO) _____ St. _____ Ward _____

Registration District No. 492

File No. 492

Primary Registration District No. 4299

Registered No. 42980

2 FULL NAME

Emily Francis Miller

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED widow (Write the word)

6 DATE OF BIRTH May 25 1899
(Month) (Day) (Year)

7 AGE 75 yrs. 8 mos. 6 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Virginia

PARENTS 10 NAME OF FATHER Jacob Gater 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia 12 MAIDEN NAME OF MOTHER Eloza Reed 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ida Miller (Address) Winfield Mo

15 Filed 2 2 1914 M.A. Whit Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 / 1 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 76 May 1 1914 to Feb 31 1915 that I last saw h. alive on 1-31 1915 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:
Myocardia
Hypertension
100
(Duration) 7 yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Pericarditis (Duration) 1 yrs. 0 mos. 0 ds. (Signed) M.A. Whit M. D. (Address) Winfield Mo

*State the Disease Causing Death, or, in death 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 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? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Bethany Cemetery DATE OF BURIAL Feb 2 1915

20 UNDERTAKER C.A. Fabush ADDRESS Winfield Mo

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*, *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*, *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.)

PLACE OF DEATH

County Lincoln

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHTownship or Village or City WinfieldRegistration District No. 492
Primary Registration District No. 4299File No. _____
Registered No. 80

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

FULL NAME

Emily F. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) WDATE OF BIRTH May 25, 1889
(Month) (Day) (Year)AGE 75 yrs. 5 mos. 5 ds. If LESS than 1 day, hrs or minsOCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE
(City or town, State or foreign country) Waverly, Va.NAME OF FATHER Jacob MillerBIRTHPLACE OF FATHER
(City or town, State or foreign country) Waverly, Va.MAIDEN NAME OF MOTHER Ella ReedBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(informant) Ida Miller
(ADDRESS) Winfield, Mo.Filed 7/22 1915 5279 Whitt.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-1 1915
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from _____
_____ 1915 until _____ 1915,
and that death occurred, on the date stated above, at _____
m.

The CAUSE OF DEATH* was as follows:

Hypertension(Duration) 2 yrs. 2 mos. 0 ds.Contributory Pneumonia
(SECONDARY) (Duration) 1 yrs. 0 mos. 0 ds.(Signed) M.A. Whitt M. D.
2-2-1915 (Address) Winfield

*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 Missouri mos. 0 ds. In the State 2 yrs. 2 mos. 0 ds.Where was disease contracted
If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Bethany Cem DATE OF BURIAL 2/21/15 1915UNDERTAKER C.A. Forbush ADDRESS Winfield, Mo.Original file, date 7-22 1915

All information called for must be written on this Supplementary Certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY & ACCURATELY. If the cause of death is not stated, it should be stated. Exact statement of OCCASION, TIME, PLACE, and CIRCUMSTANCES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION, TIME, PLACE, and CIRCUMSTANCES OF DEATH in plain terms, so that it may be properly classified.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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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.)

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