

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

PLACE OF DEATH
County Deuel
Township Spring Creek or Village _____
City Salem (NO. _____ St. _____ Ward _____)
Registration District No. 266 File No. 24384-1
Primary Registration District No. 4164 Registered No. 25

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

FULL NAME Bertha E. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)
DATE OF BIRTH Nov 9, 1892
(Month) (Day) (Year)
AGE 22 10 0
yrs. mos. ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Salem MO

PARENTS
NAME OF FATHER W. J. Goldsee
BIRTHPLACE OF FATHER (City or town, State or foreign country) Salem MO
MAIDEN NAME OF MOTHER Sarah E. Hays
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Salem MO

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Erna Johnson
(ADDRESS) Salem MO

Filed Aug 10 1915 J. C. Meek
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 24, 1915, to Aug 9, 1915, that I last saw her alive on Aug 11, 1915, and that death occurred, on the date stated above, at 4.9 m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Lung
28 D.E.A
(Duration) 1 yrs. 2 mos. _____ ds.

Contributory (SECONDARY) Hereditary
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Dr. A. Duncan
Aug 9, 1915 (Address) Salem 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 Stoans Cemetery DATE OF BURIAL Aug 10, 1915
UNDERTAKER H. C. Johnson ADDRESS Salem 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, 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 employed, as *At school* or *At home*. Care should be taken to specify the occupations of persons who receive wages, as *Domestic service* for wages, as *Secretary*. If the occupation has been changed, the date of the DISEASE CAUSING the change should be given. If the occupation has been changed, the date of the beginning of illness. If retired, the date of retirement may be indicated thus: *Retired 1910*. For persons who have no occupation, the date of the beginning of illness should be given.

Statement of cause of death.—Name, first, the primary affection with respect to which the death was always the same. Examples: *Cerebrospinal meningitis* is "Epidemic cerebrospinal meningitis"; *Typhoid pneumonia* ("Typhoid pneumonia"); *Lobar pneumonia* ("Lobar pneumonia," unqualified); *Meningitis, peritonitis*, etc. (name of disease); *Tumor* (name of use of "Tumor").

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 "Asthemia," "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.)