

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

#### 1 PLACE OF DEATH

County Macori  
 Township Lyda  
 or  
 Village Altanta mo  
 or  
 City Altanta mo (NO

Registration District No.

File No.

34194

Primary Registration District No.

Registered No.

St. Ward

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

#### 2 FULL NAME

Gelma Arnett

#### PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

Single

6 DATE OF BIRTH

Feb 4, 1904  
 (Month) (Day) (Year)

7 AGE

11 yrs. 9 mos. 12 ds.

If LESS than  
 1 day.....hrs.  
 or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Macori Co Mo

10 NAME OF FATHER

Ben Arnett

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

West Va.

12 MAIDEN NAME OF MOTHER

Cora C. Wells

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Macori Co Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ben Arnett

(Address)

Altanta Mo

15

Filed Nov 18, 1915

J. M. Halliburton  
 Registrar

#### 1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 16, 1915  
 (Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from

Nov 18, 1915, to Dec 16, 1915

that I last saw her alive on Dec 16, 1915

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH\* was as follows:

Acute Indigestion

1180

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

8

(Duration) yrs. mos. ds.

(Signed)

J. M. Halliburton

M. D.

Nov 18, 1915

(Address) Altanta

\*State the Disease Causing Death, or, in deaths 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.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mr. Pater

DATE OF BURIAL

Nov 18, 1915

20 UNDERTAKER

H. M. Goodding

ADDRESS

Altanta 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 septichaemia," "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.)

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

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

1 PLACE OF DEATH  
*Macon*  
County  
Township  
or  
Village  
or  
City

Registration District No. *626* File No.

Primary Registration District No. *4312* Registered No.

City *Atlanta* (No. *3*) St. Ward

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

2 FULL NAME *Zelma Arnett*

#### PERSONAL AND STATISTICAL PARTICULARS

#### MEDICAL CERTIFICATE OF DEATH

3 SEX *F* 4 COLOR OR RACE *W* 5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word) *S.*

16 DATE OF DEATH *Nov. 16* 191*5*  
(Month) (Day) (Year)

6 DATE OF BIRTH  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from  
*Saturday* *Nov. 16* 191*5* to *Nov. 16* 191*5*  
that I last saw him alive on *Nov. 16* 191*5*  
and that death occurred, on the date stated above, at *10:30* a.m.

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

The CAUSE OF DEATH\* was as follows:

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

*Acute Indigestion*  
*from eating turkey with*

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

(Duration) yrs. mos. ds.

10 NAME OF FATHER  
11 BIRTHPLACE OF FATHER  
(City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)

CONTRIBUTORY (Secondary)  
(Duration) yrs. mos. ds.  
(Signed) *J. M. Hall* M.D.  
*Nov 17* 191*5* (Address) *Atlanta, Mo.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant)  
(Address)

\*State the Disease Causing Death, or, in deaths 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 yrs. mos. ds. In the  
of death State yrs. mos. ds.  
Where was disease contracted  
if not at place of death?  
Former or  
usual residence

15  
Filed *Nov 18* 191*5* *J. M. Hall*  
Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
20 UNDERTAKER ADDRESS

Original file, date, 19

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

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
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*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), 29ds.; *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.)

34/94