

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH
County Franklin
Township Provine
Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 301 File No. 6056
Primary Registration District No. B418 Registered No. H

FULL NAME Mrs. Clara Zaffier

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE W. SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH Nov Oct 20 1871
(Month) (Day) (Year)

AGE 45 yrs. 10 mos. 20 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) Mt Hope Mo

PARENTS

NAME OF FATHER J. C. Short
BIRTHPLACE OF FATHER Mt Hope Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Clara Short
BIRTHPLACE OF MOTHER Jefferson Co
(City or town, State or foreign country)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 22, 1916 to Feb 24, 1916
that I last saw her alive on Feb 23, 1916,
and that death occurred, on the date stated above, at 99, m.
The CAUSE OF DEATH* was as follows:
Heart failure
Measles
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) S. L. Dewhurst M. D. (Address) St Clair 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Short
(ADDRESS) Lonedell mo R78 1

Filed 2-20 1916 J. H. Member
REGISTRAR

PLACE OF BURIAL OR REMOVAL Oak Grove Cntry DATE OF BURIAL 2-26 1916
UNDERTAKER Family ADDRESS Lonedell mo R78 1

1938H PLAIN WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. - Every item of information should be accurate, applied. AGE should be stated EXACTLY. MEDICAL PROFESSIONALS should state CAUSE OF DEATH in proper terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

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

PLACE OF DEATH *Franklin Prairie*

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

Township *Prairie* Registration District No. *301* File No. *4*

Village *Prairie* Primary Registration District No. *5418* Registered No. *4*

City *Prairie* (NO. *301* St. *5418* Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *Clara Happers*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Jan 4 1892* (Month) (Day) (Year)

7 AGE *46 yrs 11 mos 10 ds* If LESS than 1 day.....hrs. or.....min.?

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

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

PARENTS

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).....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 24 1916* (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Factory* 191*6* to *1916* that I last saw him *alive on* 191*6* and that death occurred, on the date stated above, at *St Clair, Mo.* m.

The CAUSE OF DEATH was as follows:
Heart Failure
Valvular Lesion
measles
(Duration) *79* yrs. mos. ds.

CONTRIBUTORY (Secondary).....
(Duration) *79* yrs. mos. ds.
(Signed) *J. L. Dewhirst* (M.D.)
2/24 1916 (Address) *St Clair, Mo.*

*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 *79* yrs. mos. ds. In the State *79* yrs. mos. ds.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL..... DATE OF BURIAL..... 191*6*

20 UNDERTAKER..... ADDRESS.....

SUPPLEMENTARY

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

15 Filed *12-25* 191*6* *J. J. Happers* Registrar

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);

2509
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.)