

state persons dying away from home should be given in every instance. The "Special Information" should be classified.

Place of Death

STATE OF IOWA

Dist no 624
5826
Department of Vital Statistics
Reg no 10. 11398

1. County of Hodaway
2. Township of Hopkins
3. City or Town of _____ (No. _____ St. _____ Ward _____)
4. FULL NAME Effie Lillian Roe

CERTIFICATE OF DEATH

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

5. SEX female 6. COLOR white
7. DATE OF BIRTH Nov 24 1894
(Month) (Day) (Year)

7. DATE OF DEATH 1 Mar 11 1916
(Month) (Day) (Year)

8. AGE 21 Years, 3 Months, 16 Days

I HEREBY CERTIFY, That I attended deceased from March 2 1916 to March 11 1916 that I last saw her alive on March 11 1916 and that death occurred on the date stated above, at 740

9. SINGLE, MARRIED WIDOWED OR DIVORCED single

18. A M. The CAUSE OF DEATH was as follows:

10. BIRTHPLACE (State or Country) Iowa

Acute nephritis due to pyelonephritis
146 (Duration) 6 Days
Contributed 137

11. NAME OF FATHER M H Roe

12. BIRTHPLACE OF FATHER (State or Country) Iowa

13. MAIDEN NAME OF MOTHER Larrison

14. BIRTHPLACE OF MOTHER (State or Country) Iowa

15. OCCUPATION school teacher

(Duration) 6 Days
19. (Signed) Dobner B Sallis M. D.
Mar 11 1916 20. (Address) 13 Bedford

21. SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence _____ How long at _____ Place of Death? _____ Days

The Above Stated Personal Particulars Are True to the Best of My Knowledge and Belief

Where was disease contracted, if not at place of death? _____

16. (Informant) M H Roe
(Address) Bedford Ia

22. PLACE OF BURIAL OR REMOVAL Bedford Cem 23. DATE of BURIAL Mar 13 1916

24. UNDERTAKER E. Wetmore 25. ADDRESS Bedford Ia

Filed 3/13/16
D. W. Taylor Deputy

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

1 PLACE OF DEATH
County Nodaway REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW
Township Hopkins Registration District No. 624 File No.
or
Village Primary Registration District No. 5826 Registered No. 10
or
City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Effie Lillian Rol.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov-24 1894 (Month) (Day) (Year)

7 AGE 21 yrs. 3 mos. 16 ds. If LESS than 1 day.....hrs. or.....min.?

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

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

10 NAME OF FATHER M. W. Rol.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa

12 MAIDEN NAME OF MOTHER Iowa

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Iowa

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3-11 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 3-11 1916 to 3-11 1916, that I last saw her alive on 3-11 1916 and that death occurred, on the date stated above, at 7:40 m.

The CAUSE OF DEATH* was as follows:
acute nephritis due to pregnancy

(Duration) 119 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Claustrum (Duration) 6 yrs. 6 mos. 6 ds.

(Signed) DeWitt B. Hallis M. D. 3/11 1916 (Address) Bedford Iowa

*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:.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. W. Rol. (Address) Bedford Iowa

15 Filed 3/13 1916 Off. of Registrar

19 PLACE OF BURIAL OR REMOVAL Bedford Cem DATE OF BURIAL 3-13 1916

20 UNDERTAKER J. Nelson ADDRESS Bedford Iowa

Original file, date Mar 2 1916 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
Association)

11397

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 inter-current) 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.)