

N.B.—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.

PLACE OF DEATH

Mercer.

County

Township Morgan

or

Village Alford

or

City

(NO.

St. Ward)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

556

File No.

15249

Primary Registration District No.

5750

Registered No.

20

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

FULL NAME Agness Bears.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Single.

DATE OF BIRTH

July 22nd. 1906

(Month)

(Day)

(Year)

AGE

9 yrs. 9 mos. 4 ds.

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

OCCUPATION

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

None

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

None

BIRTHPLACE

(City or town, State or foreign country)

Camden Co. Mo.

PARENTS

NAME OF FATHER

Lyman E. Bears.

BIRTHPLACE OF FATHER

Waynesville Co. Ind.

MAIDEN NAME OF MOTHER

Rosa Craig.

BIRTHPLACE OF MOTHER

Mercer Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyman E. Bears.

(ADDRESS) Princeton, Mo.

Filed

April 24, 1916 JM Perry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April 26th. 1916

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from April 26th. 1916, to April 26th. 1916, that I last saw her alive on April 26th. 1916, and that death occurred, on the date stated above, at 11.42 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia of Both Lungs

Contributory
(SECONDARY)

None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Dr. M. J. Rogers M.D.

April 26, 1916 (Address) Princeton, 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 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

PLACE OF BURIAL OR REMOVAL

Cain Cemetery

DATE OF BURIAL

4-27 1916

UNDERTAKER

Fosick Pyle

ADDRESS

Princeton, 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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, 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 septichdemia," "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.)



WRITE PLAINLY - THIS IS A PERMANENT RECORD

Information should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state if in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH			BUREAU OF VITAL STATISTICS	
County <i>Muscat</i>			CERTIFICATE OF DEATH	
Township <i>Morgan</i>			Registration District No. <i>556</i>	File No.
Village <i>Princeton</i>			Primary Registration District No. <i>5750</i>	Registered No. <i>20</i>
City <i>Princeton</i>			(NO.)	St. Ward)
2 FULL NAME <i>Agness Bears</i>			If death occurred in a hospital or institution, give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>F</i>	4 COLOR OR RACE <i>W.</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>S.</i>	16 DATE OF DEATH <i>April 26 - 1916</i>	
6 DATE OF BIRTH <i>July - 27 - 1906</i>			(Month) (Day) (Year)	
7 AGE <i>9 yrs. 9 mos. 4 ds.</i>			17 I HEREBY CERTIFY, that I attended deceased from <i>April 26 - 1916</i> to <i>April 26 - 1916</i> that I last saw her alive on <i>April 26 - 1916</i> and that death occurred, on the date stated above, at <i>11 42 am</i>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>none</i> (b) General nature of industry business, or establishment in which employed (or employer) <i>—</i>			The CAUSE OF DEATH* was as follows: <i>Broncho Pneumonia Both Lungs</i>	
9 BIRTHPLACE (City or town, State or foreign country) <i>Camden Co. Mo.</i>			CONTRIBUTORY (Secondary) <i>—</i> (Duration) <i>—</i> yrs. <i>—</i> mos. <i>1</i> ds.	
PARENTS	10 NAME OF FATHER <i>Lyman E. Bears</i>		(Signed) <i>M. H. Rogers</i> M. D.	
	11 BIRTHPLACE OF FATHER <i>Waynesville Co. Ind.</i>		<i>April 26 - 1916</i> (Address) <i>Princeton Mo.</i>	
	12 MAIDEN NAME OF MOTHER <i>Rosa Craig</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	13 BIRTHPLACE OF MOTHER <i>Morgan Co. Mo.</i>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) <i>—</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Lyman E. Bears</i> (Address) <i>Princeton, Mo.</i>				
15 Filed <i>April 27 - 1916</i> <i>J. M. Perry M.D.</i> Registrar				
19 PLACE OF BURIAL OR REMOVAL <i>Cain Cemetery</i>			DATE OF BURIAL <i>April 27, 1916</i>	
20 UNDERTAKER <i>Frank Bixler</i>			ADDRESS <i>Princeton Mo.</i>	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)

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