

1 PLACE OF DEATH

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

Entry *Cape Girardeau*
Ship *Stinders*

Registration District No. *124*

File No. *36974*

Primary Registration District No. *5177*

Registered No. *11*

(NO. St. Ward)

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

2 NAME *Ina R Slaughter*

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE *White*
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) *single*
6 DATE OF BIRTH *Sept 16 1916*
(Month) (Day) (Year)
7 AGE *25* yrs. *1* mos. *27* ds.
IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION, TRADE, OR PROFESSION, OR INDUSTRY, OR ESTABLISHMENT IN WHICH ENGAGED (or employer) *House girl*

9 COUNTY *Cape County*

10 NAME OF FATHER *J. M. Slaughter*

11 PLACE OF BIRTH OF FATHER *Cape County*

12 NAME OF MOTHER *Lucy R. Watkins*

13 PLACE OF BIRTH OF MOTHER *MO*

14 I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE
15 SIGNATURE OF REGISTRAR *Ed. J. Slaughter*

16 ADDRESS *Berksfordville MO*
Nov 12 1916
J. M. Ambury
Registrar

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH *Nov 12 1916*
(Month) (Day) (Year)

18 I HEREBY CERTIFY, that I attended deceased from *Nov 6 1916* to *Nov 12 1916*
that I last saw her alive on *Nov 12 1916*
and that death occurred, on the date stated above, at *5:30* p.m.

19 THE CAUSE OF DEATH* was as follows:
Erysipelas Facial

20 DURATION *15 B* yrs. mos. ds.

21 CONTRIBUTORY (Secondary)
Duration yrs. mos. ds.

22 (Signed) *J. M. Ambury* M. D.
Nov 12 1916 (Address) *Berksfordville*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

23 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

24 At place of death... yrs... mos... ds. In the State... yrs... mos... ds.
Where was disease contracted if not at place of death?

25 Former or usual residence

26 PLACE OF BURIAL OR REMOVAL *McGuire Grave yard*

27 DATE OF BURIAL *Nov 19 1916*

28 UNDERTAKER *J. M. Ambury*

29 ADDRESS *J. M. Ambury*

REV 11
[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*, *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), 20 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 *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.)

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
Cape Girardeau
Twp.
Twp.
Village
or
City

*Cape Girardeau
Kinder*

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

Registration District No. *124*
Primary Registration District No. *5777*

File No. *11*
Registered No. *11*

2 FULL NAME

Ina L. Slaughter

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Nov. 17 1916*
(Month) (Day) (Year)

6 DATE OF BIRTH *July 11, 1877*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from the time I saw him alive on *Nov. 17, 1916* and that death occurred, on the date stated above, at *6* m.
The CAUSE OF DEATH* was as follows:

7 AGE *39* yrs. *3* mos. *2* wks. *2* ds.

*facial erysipelas
this is all the cause I know*
(Duration) *1* yr. *1* mos. *1* ds.

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

CONTRIBUTORY (Secondary)
(Duration) *1* yr. *1* mos. *1* ds.

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

Signed *J. J. Aulenburg*
Nov. 17, 1916. (Address) *Jeffersonville, Mo.*

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

*State the Disease Causing Death, or, in case from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death *1* yr. *1* mos. *1* ds. In the State *1* yr. *1* mos. *1* ds.
Where was disease contracted if not at place of death?

14 THOSE WHOSE NAMES ARE HEREIN SET FORTH AS NEXT OF KIN (Address)

Former or usual residence

15 *Nov 17 1916* *J. J. Aulenburg*
Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

Original file, date *NOV 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]

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