

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

1 PLACE OF DEATH

County Hall

Township .....

State Oregon

Registration District No. 373

File No. 37484

Primary Registration District No. 4219

Registered No. 31

(NO. .... St.: .... Ward)

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

FULL NAME Catherine Ruth Keener

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

16 DATE OF DEATH Oct 11 1916  
(Month) (Day) (Year)

17 DATE OF BIRTH April 25 1852  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 10 1916 to Oct 11 1916, that I last saw her alive on Oct 11 1916 and that death occurred, on the date stated above, at am.

18 AGE 64 yrs 5 mos 16 ds. If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH\* was as follows:

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

20 Cerebral hemorrhage

21 BIRTHPLACE Virginia  
City or town, State or foreign country

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

22 10 NAME OF FATHER H. C. Davis

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

23 11 BIRTHPLACE OF FATHER Virginia  
(City or town, State or foreign country)

(Signed) O. F. Tharner M. D. Oct 12 1916 (Address) Oregon mo

24 12 MAIDEN NAME OF MOTHER Rachel J. Wiley

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

25 13 BIRTHPLACE OF MOTHER Virginia  
(City or town, State or foreign country)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

26 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant) Jno. Weaver

Where was disease contracted if not at place of death?  
Former or usual residence

(Address) Oregon mo

19 PLACE OF BURIAL OR REMOVAL Oregon (Halle) (Halle) DATE OF BURIAL Oct 12 1916

27 11/2 1916 W. S. Hood  
Registered

20 UNDERTAKER Lester Setyoh ADDRESS Oregon

# Revised Uniform 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, 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 *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.)

1 PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Relationship: *Holt*  
 City: *Orion* (NO. ....) St.: .... Ward: .....

Registration District No. *373* File No. ....

Primary Registration District No. *4219* Registered No. *31*

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

2 FULL NAME *Catherine R Hewer*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Oct 11* 191*6*  
 (Month) (Day) (Year)

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

17 I HEREBY CERTIFY, that I attended deceased from ....., 191..... to ....., 191.....

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

that I first saw *body*, alive, information supplied, 191..... and that death occurred, on the date stated above, at .....

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

The CAUSE OF DEATH\* was as follows:  
*Cerebral Hemorrhage*  
*apoplexy*

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

(Duration) *64* mos. / ds.

10 NAME OF FATHER

CONTRIBUTORY (Secondary) *aortic insufficiency*

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

(Duration) *XX* yrs. *XX* mos. ds.

12 MAIDEN NAME OF MOTHER

(Signed) *C. F. Hewer* M. D.  
*Oct 11 1916* (Address) *Orion, Mo.*

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

14: (Informant) .....  
 (Address) .....

At place of death yrs. mos. ds. In the State yrs. mos. ds.

15 Filed *11/12* 191*6* *W. S. Wood* Registrar

Where was disease contracted if not at place of death?

Former or usual residence *Orion, Mo.*

10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ....., 191.....

20 UNDERTAKER ADDRESS .....

Original file, date *NOV 12 1916*

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

RECEIVED  
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL FILED  
 NOV 12 1916

SUPPLEMENTARY INFORMATION SUPPLIED

# 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*.

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*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 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 "Asthemia," "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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