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

1 PLACE OF DEATH
 County Ozark
 Township Pontiac Registration District No. 920 File No. 15745-1
 or
 Village Primary Registration District No. 6279 Registered No. 1
 or
 City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pally Vanmeter

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

PARENTS
 10 NAME OF FATHER Newton Turbbo
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tanner Co. Mo.
 12 MAIDEN NAME OF MOTHER Hilda Johnson
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ozark Co. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary F. Johnson
 (Address) Theodosia Mo.

15 Filed Oct 10, 1917 Mary F. Johnson
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 19, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 3, 1917, to Apr 19, 1917, that I last saw him alive on Apr 19, 1917, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:
Macedonia Broncho-pneumonia
 (Duration) 9 yrs. 16 mos. 16 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
 (Signed) H. E. Rice M. D.
5/11, 1917 (Address) Pontiac 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 yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pontiac Cemetery DATE OF BURIAL
 20 UNDERTAKER Mrs. F. Johnson ADDRESS Pontiac Mo.

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.

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, 8 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 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.)

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

1 PLACE OF DEATH

County *Ozark*
Township *Pontiac*
or
Village
or
City

Registration District No. *920*

File No.

Primary Registration District No. *4299*

Registered No. *1*

(NO. St. Ward)

2 FULL NAME

Polly Vanmeter SUPPLEMENT

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <i>October 15 1881</i> (Month) (Day) (Year)		
7 AGE <i>35</i> yrs. <i>6</i> mos. <i>5</i> ds.	If LESS than 1 day, hrs. or min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Common House Work</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>none</i>		
9 BIRTHPLACE (City or town, State or foreign country) <i>Pontiac Ozark Mo</i>		
PARENTS	10 NAME OF FATHER <i>Newton Turnbo</i>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Taney Mo</i>	
	12 MAIDEN NAME OF MOTHER <i>Hulda Johnson</i>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Ozark Mo</i>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 19 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191, that I last saw h..... alive on 191, and that death occurred, on the date stated above, at *12h* m. The CAUSE OF DEATH* was as follows:
Measles and Pneumonia
(Duration)..... yrs. mos. *15* ds.

CONTRIBUTORY (Secondary)..... (Duration)..... yrs. mos. ds. (Signed)..... M. D. (Address)..... 191

*State the Disease Causing Death, or, in death 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 *8* yrs. mos. ds. In the *alpha* life State..... yrs. mos. ds.

Where was disease contracted if not at place of death?
Usual residence *Grady creek, Mo*

19 PLACE OF BURIAL OR REMOVAL *Pontiac Cemetery* DATE OF BURIAL *Apr 22 1917*

20 UNDERTAKER *J. E. Herd* ADDRESS *Pontiac Mo*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *William Vanmeter* (Address) *Pontiac Mo*

15 Filed *Oct 10 1917* *Mary F. [unclear]* Registrar

PARTICULARS ARE VERY IMPORTANT

THIS IS A PUBLIC RECORD AND SHOULD BE KEPT IN A SAFE PLACE

1917

Revised United States Standard Certificate of Death

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

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"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.)