

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

1 PLACE OF DEATH
County Missouri
Township Little Prairie Registration District No. 1051 File No. 15759
or
Village Primary Registration District No. 5842 Registered No. 75
or
City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maecel Alven Henson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>Nov 4 1916</u> (Month) (Day) (Year)		
7 AGE <u>5 yrs 5 mos 16 ds.</u>	If LESS than 1 day, hrs. or min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		
PARENTS	10 NAME OF FATHER <u>Marion Henson</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>	
	12 MAIDEN NAME OF MOTHER <u>Annie Jones</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u> Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH
Apr 20 1917
(Month) (Day) (Year)

11 I HEREBY CERTIFY, that I attended deceased from Apr 10 1917 to Apr 20 1917 that I last saw her alive on Apr 19 1917 and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Cerebro-Spinal meningitis acute

12 (Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)
None

(Signed) J. W. Phillips M. D.
4/20 1917 (Address) Caruthersville

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

13 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 PLACE OF BURIAL OR REMOVAL
Caruthersville Mo.

DATE OF BURIAL
Apr 21 1917

15 UNDERTAKER
J. Lewis

ADDRESS
Caruthersville Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. W. Henson
(Address) Caruthersville Mo.

15 Filed 4/21 1917 B. W. Henson
Registrar

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, a very important.

REPRODUCED FROM THE ORIGINAL RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

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, 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, 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.)

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

1 PLACE OF DEATH

County Leuesent
 Townshp or Village or City Little Prairie

Registration District No. 651 File No.

Primary Registration District No. 5862 Registered No. 75

(NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Macl Alven Hanson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH (Month) (Day) (Year) 1 1 1917

7 AGE If LESS than 1 day... hrs. or... min.? 1 yrs. 1 mos. 12 ds.

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

9 BIRTHPLACE (City or town, State or foreign country) Satisfactory Information Supplied.

10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory Information Supplied.
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Satisfactory Information Supplied.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

15 Filed 4/21 1917 B. D. Lomax Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) (Year) Apr 30 7 1917

17 I HEREBY CERTIFY, that I attended deceased from Satisfactory Information Supplied. 1917 to 1917 that (if I saw him) alive on Satisfactory Information Supplied. 1917 and that death occurred, on the date stated above, at 6:12 m.

THE CAUSE OF DEATH* was as follows:
Cerebro spinal Meningitis
acute epidemic
 (Duration) 6 yrs. 12 mos. 12 ds.

CONTRIBUTORY (Secondary) (Duration) (Signed) G. M. Rhipps M. D. 4/21 1917 (Address)

*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 1 yrs. 1 mos. 12 ds. In the State 1 yrs. 1 mos. 12 ds. Where was disease contracted if not at place of death? Former or usual residence Satisfactory Information Supplied.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Satisfactory Information Supplied. 1917

20 UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. SH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

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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.;
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"Inanition," "Marasmus," "Old age," "Shock,"
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