

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31500

1 PLACE OF DEATH

County Cape Girardeau  
Township Cape Girardeau or Cape Girardeau  
Village Cape Girardeau or Cape Girardeau  
City Cape Girardeau (NO. 919 of Stanton St. 4 Ward)

Registration District No. 135

File No. 1479

Primary Registration District No. 2009

Registered No. 1619

2 FULL NAME

Clara Lala Mc Lain

[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 White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

16 DATE OF DEATH June 25 1919  
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 17 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 6/23 1917 to 6/27 1917  
that I last saw her alive on 6/21 1917  
and that death occurred, on the date stated above, at 2:45 a.m.

7 AGE 2 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

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

Dysentery  
13C 14  
(Duration) yrs. mos. 18 ds.

9 BIRTHPLACE (City or town, State or foreign country) Randolph Co, Ill

CONTRIBUTORY (Secondary)

PARENTS 10 NAME OF FATHER Frank Mc Lain  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) St. James, Mo.  
12 MAIDEN NAME OF MOTHER Mary Wapita  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

(Signed) R. S. Seabury M. D.  
6/23 1917 (Address) Cape Girardeau

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frank Mc Lain  
(Address) Cape Girardeau

\*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

15 Filed 6/25 1919 R. W. F.

19 PLACE OF BURIAL OR REMOVAL St. Marys Cemetery DATE OF BURIAL June 25 1919  
20 UNDERTAKER Loring & Co. ADDRESS Cape Girardeau

# 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 illness of various pursuits can be known. The same applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. If a person worked on "may form part of the second line. Never return "Laborer," "Foreman," "Farmer," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—unemployed*, etc. Women at home, who are engaged in domestic duties of the household only (not paid *Housewife*), 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, of 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 of organ or tissue); "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), "Apoplexy," "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 septicæmia," "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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Missouri