

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3894

1 PLACE OF DEATH  
County New Madrid  
Township Big Prairie  
or  
Village  
or  
City

345  
~~527~~  
Registration District No. 6070  
Primary Registration District No. 5800  
File No. 76  
Registered No. #6 17  
St. Ward

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

2 FULL NAME Nellie May Bryant

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Sept 30 1917  
(Month) (Day) (Year)

6 DATE OF BIRTH July 15 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 28 1917 to Sept 30 1917 that I last saw her alive on Sept 28 1917 and that death occurred, on the date stated above, at 4 A. m.

7 AGE: 71 yrs. 2 mos. 16 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 none  
(b) General nature of industry business, or establishment in which employed (or employer)

Enterocolitis  
119B  
104  
(Duration) 104 yrs. mos. ds.

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

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

PARENTS  
10 NAME OF FATHER Walter H Bryant  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Hickman Co Ky  
12 MAIDEN NAME OF MOTHER Linnie May Riley  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hickman Co Ky

(Signed) L. W. Presnell M. D.  
Sept 30 1917 (Address) Sixestons Mo

\*State the Disease Causing Death, or, in deaths 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  
(Informant) Walter H Bryant  
(Address) Sixestons Mo

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 10/10 1917 H. D. Jones Registrar  
L. W. Presnell

19 PLACE OF BURIAL OR REMOVAL Sixestons Mo DATE OF BURIAL 9/29 1917

20 UNDERTAKER W. H. Schuster ADDRESS Sixestons Mo

# 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, 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 in respect to time and causation), using always the accepted term for the same disease. Examples: *Scarlet fever* (the only definite synonym is *cerebrospinal meningitis*); *Diphtheria* (not "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 child-birth 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.)

HEALTH  
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