

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATIS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Wright
Township Mountain Grove
or
Village
or
City Mountain Grove (NO. St. Ward)

Registration District No. 908 File No. 4069a
Primary Registration District No. 4549 Registered No. 87

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

2 FULL NAME Odolite Rummell

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 8 1888
(Month) (Day) (Year)

7 AGE 28 yrs. 5 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

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

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

PARENTS
10 NAME OF FATHER S W Martin
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
12 MAIDEN NAME OF MOTHER not know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J B Potter
(Address) Mountain Grove

15 Filed 7 20 1918 J. H. Hubbard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 19 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased com
11-6 1917, to Jan 19 1918,
that I last saw her alive on Jan 19 1918,
and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) W. G. J. Evans M. D.
(Signed) 1-20 1918 (Address) Mountain Grove, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, date (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 Blythdale DATE OF BURIAL Jan 22 1918

20 UNDERTAKER H. J. Fenwick ADDRESS Mountain Grove

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, employed, as *At school* or *At home*.
taken to report specifically the occupations engaged in domestic service for *Wife, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of illness CAUSING DEATH, state occupation at the time of illness. If retired from business, that fact should be indicated thus: *Farmer (retired, 8 yrs.)* who have no occupation whatever,

of cause of death.—Name, first, last, and middle (using DEATH (the primary affection) and time and causation), using always the term for the same disease. Examples: *Scarlet fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* ("Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., (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.)