

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

PLACE OF DEATH

County Jackson
Township Washington
or
Village Grandview
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 404
Primary Registration District No. 5558

File No. 13530
Registered No. 8

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

FULL NAME Clara Bell Poe

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (*# write the word*)

DATE OF DEATH Apr 4, 1918
(Month) (Day) (Year)

DATE OF BIRTH Dec. 13 - 1896
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 26, 1918, to Apr 4, 1918, that I last saw her alive on Apr 3, 1918,

AGE 22 yrs. 3 mos. 22 ds. If LESS than 1 day, ____ hrs. or ____ min.?

and that death occurred, on the date stated above, at ____ m.

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

The CAUSE OF DEATH* was as follows:
Endocarditis
56E
918

BIRTHPLACE (City or town, State or foreign country) Pleasant Hill

(Duration) ____ yrs. ____ mos. 3 ds.

NAME OF FATHER James Robert Dyke

Contributory Acute Inflammatory
(SECONDARY) Rheumatism (Duration) ____ yrs. ____ mos. 21 ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Jefferson Indiana

(Signed) B. W. Fair M. D.

MAIDEN NAME OF MOTHER Jenny Hendrick

(Address) Bellton Mo

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Schuyler Ill

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. C. H. Taylor
(ADDRESS) Grandview

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 _____

Filed 4/6 1918 E. E. ... REGISTRAR

PLACE OF BURIAL OR REMOVAL Deval Baptist DATE OF BURIAL 4-5, 1918

UNDERTAKER O. G. Sprinkle ADDRESS Bellton 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 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.)

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1 PLACE OF DEATH
County Jackson
Township Washington
Village
City (NO.) (St.) (Ward)

Registration District No. 404 File No.
Primary Registration District No. 5538 Registered No. 8

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

PERSONAL AND STATISTICAL PARTICULARS

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

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
(b) General nature of industry, business, or establishment in which employed (an employer)

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

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

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

15 Filed April 30 1918 E. L. Greaves Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Apr 4 1918
(Month) (Day) (Year)

17 I SOLEMNLY CERTIFY, that I attended deceased from 191.....
that I last saw him alive on 191.....
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Endocarditis
Acute Endocarditis
Acute Infective Myocarditis

CONTRIBUTORY (Secondary)
(Duration) 28 yrs. mos. ds.
(Signed) S. W. Fair M. D.
April 4 1918 (Address) Beeton 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 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 DATE OF BURIAL 191.....

20 UNDERTAKER ADDRESS

Satisfactory Information Supplied.

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

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