

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

1 PLACE OF DEATH

County Putnam Registration District No. 719 File No. 14300  
Township Elm or Village                      Primary Registration District No. 5550 Registered No.                       
City                      (NO.                      St.                      Ward                     )

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

2 FULL NAME

Viola Pearl Harmon

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH April 8 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH August 7 1895  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 30 1918 to April 8 1918 that I last saw her alive on April 6 1918 and that death occurred, on the date stated above, at P m.

7 AGE 32 yrs. 8 mos.                      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 House work (b) General nature of industry business, or establishment in which employed (or employer)                     

Pneumonia  
108

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

(Duration) yrs. mos. 12 ds.

10 NAME OF FATHER Johnathan Kent

CONTRIBUTORY (Secondary) Tuberculosis Lungs

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri

(Signed) C. P. Thomas M. D.

12 MAIDEN NAME OF MOTHER Sarah Elizabeth Chesel

(Address) Washington Mo

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

\*State the Disease Causing Death, or, in death 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) O. R. Schuster

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address) Washington Mo.

Where was disease contracted if not at place of death?                     

15 Filed April 12, 1918 John Pickering Registrar

Former or usual residence                     

19 PLACE OF BURIAL OR REMOVAL Leys Cem DATE OF BURIAL April 10 1918

20 UNDERTAKER Husted Bro ADDRESS Washington Mo

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.

# 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, Composer, 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, 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.)

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County Putnam  
Township Elva  
or  
Village  
or  
City

Registration District No. 719 File No.  
Primary Registration District No. 5950 Registered No.  
(NO. St. Ward)

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

**2 FULL NAME** Viola Pearl Harmon

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

8 OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or 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 10, 1918 John Pickering  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Apr - 8, 1918  
(Month) (Day) (Year)

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

The CAUSE OF DEATH\* was as follows:  
Pneumonia Labor  
92

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

(Signed) C. P. Thomas M. D.  
July 15, 1918 (Address) Worthington Mo

\*Specify the Disease Causing Death, or, in death from Violent Causes, the (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 Lipp Cem DATE OF BURIAL April 10, 1918

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Satisfactory Information Supplied

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