

1 PLACE OF DEATH

New Madrid

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty Missouri

Township

Village Portageville

City

Registration District No. 607File No. 17754a

Primary Registration District No.

Registered No. 11

(NO. St. Ward)

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

2 FULL NAME Hazel Roberta Stokes

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE  
MARRIED  
WIDWED  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

July 22 1916  
(Month) (Day) (Year)

7 AGE

1 yrs. 10 mos. 5 ds.If LESS than  
1 day.....hrs.  
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Child

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

9 BIRTHPLACE

(City or town, State or foreign country)

Portageville, Mo.

10 NAME OF FATHER

Adolphus M. Stokes

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) White Co Ill

12 MAIDEN NAME OF MOTHER

Daisy McCall

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Adolphus M. Stokes

(Address)

Portageville, Mo.

15

Filed Dec 31 1918 R. D. Young

Registrar

16 DATE OF DEATH

May 29 1918  
(Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from

May 22 1918 to May 26 1918,  
that I last saw her alive on May 26 1918,and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:

Dysentery

CONTRIBUTORY

(Secondary)

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

(Signed)

J. B. Bess M. D.May 22 1918 (Address) Portageville, 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.....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

DATE OF BURIAL

May 27 1918

20 UNDERTAKER

ADDRESS

R. D. Young

N. B. CAUSE carefully supplied. It should be stated that it may be properly classified. Exact statement

# 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, 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 "Asthma," "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 ~~Peru~~ *New Madrid*

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

Township ..... Registration District No. *607* File No. *18*  
or .....  
Village *Pontaguerre* Primary Registration District No. *4361* Registered No. *P1*  
or .....  
City ..... (NO. .... St. .... Ward) .....

If death occurred in a hospital or institution give its NAME in full and street and number

2 FULL NAME *Hazel Elaberta Stokes*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *single*  
(Write the word)

6 DATE OF BIRTH *July 22*, 19*16*  
(Month) (Day) (Year)

7 AGE *1* yrs. *10* mos. *6* ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) *Pontaguerre Mo.*

PARENTS  
10 NAME OF FATHER *Adolph M Stokes*  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *White Co. Ill.*  
12 MAIDEN NAME OF MOTHER *Dorothy M. Gath*  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Missouri*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Adolph M. Stokes*  
(Address) *Pontaguerre*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 29*, 191*8*  
(Month) (Day)

17 I HEREBY CERTIFY, that I attended deceased *May 22*, 1918, to *May 26*, 1918, that I last saw her alive on *May 26*, 1918, and that death occurred, on the date stated above, at *9* o'clock

The CAUSE OF DEATH\* was as follows:  
*Dysentery*  
(Duration) ..... yrs. .... mos. *9* ds.

CONTRIBUTORY (Secondary) .....  
(Signed) *J. W. Bliss* M. D.  
*May 29*, 1918 (Address) *Pontaguerre 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 ..... 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 ..... DATE OF BURIAL .....

Every item of information on this certificate should be stated fully classified. Exact statement of DEATH