

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

1 PLACE OF DEATH

County Reynolds
Township Lygan 29
or Ellington
Village Ellington
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 748 File No. 35418
Primary Registration District No. 5982 Registered No. 71

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

2 FULL NAME Vivie ad abene wellie

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH aug (Month) 4 (Day) 1905 (Year)

7 AGE thirteen yrs. 10 mos. 26 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work fill out a report at insurance
(b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS
10 NAME OF FATHER adaska wellie
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Clay County Ind
12 MAIDEN NAME OF MOTHER ann louisa Boney
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lefterville Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) adaska wellie
(Address) 1108 S 13 St - St. Louis Mo

15 Filed Nov. 10 1918 O. H. Chilton Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 30 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 28 1918, to Oct 30 1918, that I last saw her alive on Oct 30 1918, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Bronch's Pneumonia
Influenza
(Duration) 10 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza
(Duration) 10 yrs. 10 mos. 10 ds.
(Signed) J. M. McLean M. D.
(Address) Ellington 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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Clutwood Cem DATE OF BURIAL Oct 31 1918

20 UNDERTAKER Neighbors ADDRESS Ellington 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," "Ager," "Dealer," etc., without more precise occupation, as *Day laborer, Farm laborer, Laborer—mine*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewives* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, when fully employed, as *At school* or *At home*. For persons who should be taken to report specifically the occupation of persons engaged in domestic service for the household, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at time of illness. If retired from business, that may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, *None*.

Statement of cause of death.—Name, first, of 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.)