

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.

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

1 PLACE OF DEATH  
County St. Francois  
Township Randolph Registration District No. 999 File No. 7 35502  
or Desloge Mo Primary Registration District No. 10wa Registered No. 799  
Village Desloge Mo City (NO. .... St. .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]  
2 FULL NAME Laura Wise

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>Wh Am</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>Oct 7</u> 191 <u>8</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Oct 30</u> 1 <u>1897</u> (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: <u>She came to her death with her own hand with a 38 caliber Revolver No. 7 Jarry Perdict.</u> <u>159</u> (Duration) ... yrs. ... mos. ... ds.	
7 AGE <u>21</u> yrs. <u>11</u> mos. <u>14</u> ds. IF LESS than 1 day... hrs. or ... min.?			CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds. (Signed) <u>Prather Cornett M. D.</u> # (Address) <u>Flat River Mo</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry business or establishment in which employed (or employer)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
9 BIRTHPLACE (City or town, State or foreign country) <u>Deer Co.</u>			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	
PARENTS	10 NAME OF FATHER <u>John Antonia</u>			
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>			
	12 MAIDEN NAME OF MOTHER <u>Annie Denton</u>			
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>James Taylor</u> (Address) <u>Desloge Mo</u>			19 PLACE OF BURIAL OR REMOVAL <u>St. P. Cem.</u> DATE OF BURIAL <u>Oct 9</u> 191 <u>8</u>	
15 Filed <u>Oct 8</u> 191 <u>8</u> <u>W. W. Brown</u> Registrar			20 UNDERTAKER <u>J. W. Spahr</u> ADDRESS <u>Desloge</u>	

# 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 part; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the second part. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—mine*, etc. Women at home, who are engaged in 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.)

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

35502A

1. PLACE OF DEATH  
 County St. Francois Registration District No. 779 File No. 7  
 Township Dandolph Primary Registration District No. 6054 Registered No. 779  
 City Desloge, Mo. (No. ....) St. .... Ward (No. ....)

2. FULL NAME Edura Wise  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris Wise

6. DATE OF BIRTH (MONTH, DAY AND YEAR) .....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hra. or ....min.  
21 11 24

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

9. BIRTHPLACE (CITY OR TOWN) Desloge, Co.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Antonia

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Denton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT James Pryor  
 (Address) Desloge, Mo.

15. FILED Oct 18 1918 W. S. M. D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7 1918

17. I HEREBY CERTIFY, That I law deceased on Oct 7 1918 after she was found that I last saw her alive on Oct 6, 1918, and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
By a Pistol Shot fired by  
her own hand according to  
verdict of Coroners jury.  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY acc. evidence to testimony  
 (SECONDARY) a love affair.  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. S. M. D., M. D.

, 19 (Address) Desloge, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

K.P. Cem. Oct. 9 1918

20. UNDERTAKER ADDRESS

J.W. Spahr Desloge

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.