

38659B

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

1 PLACE OF DEATH

County Clay
Township Gallatin
or
Village
or
City (NO

Registration District No. 197 File No. 38659-13
Primary Registration District No. 5276 Registered No. 428
St. Ward

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

2 FULL NAME Hazel Irene McFarren

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Nov 11, 1918
(Month) (Day) (Year)

6 DATE OF BIRTH July 27, 1897
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 6, 1918, to Nov 11, 1918, that I last saw her alive on Nov 10, 1918, and that death occurred, on the date stated above, at 9:30 AM.
The CAUSE OF DEATH* was as follows:
Influenza Pneumonia
HA V/D

7 AGE 21 yrs. 3 mos. 15 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 (or employer)

9 BIRTHPLACE (City or town, State or foreign country) K.C. Kas

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

PARENTS 10 NAME OF FATHER Albert Vest
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill
12 MAIDEN NAME OF MOTHER Fannie Dawson
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Clay Co Mo

CONTRIBUTORY (Secondary) (Duration)..... yrs. mos. ds. (Signed) A. E. Sevel M. D. 12-12, 1918. (Address) Pleasant mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Albert Vest
(Address) Randolph 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.....

15 Filed Jan 11, 1919, by H. R. Duggan Registrar

19 PLACE OF BURIAL OR REMOVAL Crosby Co - N. Randolph DATE OF BURIAL 11-12, 1918
20 UNDERTAKER Albert Vest ADDRESS Clay Co 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*, *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) *Sales-*
(b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*.
material worked on may form part of the second-
ment. Never return "Laborer," "Foreman,"
"Dealer," etc., without more precise
ication, 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*; *Broncho-*
pneumonia ("Pneumonia," unqualified, is
Tuberculosis of lungs, meninges, periton
Carcinoma, Sarcoma, etc., of.....
origin; "Cancer" is less definite; avoid use of
for malignant neoplasms); *Measles*; *Whoop*,
Chronic valvular heart disease; *Chronic*
nephritis, etc. The contributory (seconda
tercurrent) affection need not be stated u
portant. Example: *Measles (disease causin*
29 ds.; *Bronchopneumonia (secondary)*.
Never report mere symptoms or terminal co
such as "Asthenia," "Anaemia" (merely s
atic), "Atrophy," "Collapse," "Coma,"
sions," "Debility" ("Congenital," "Senile
"Dropsy," "Exhaustion," "Heart failure,"
orrhage," "Inanition," "Marasmus," "Ol
"Shock," "Uraemia," "Weakness," etc.,
definite disease can be ascertained as the
Always qualify all diseases resulting from
birth or miscarriage, as "PUERPERAL *septic*
PUERPERAL peritonitis," etc. State ca
which surgical operation was undertaken
VIOLENT DEATHS state MEANS OF INJURY and
as ACCIDENTAL, SUICIDAL, OR HOMICIDAL,
probably such, if impossible to determine de
Examples: *Accidental drowning*; *struck by rail-*
way train—accident; *Revolver wound of head—*
homicide; *Poisoned by carbolic acid—probably suicid.*
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**

1. PLACE OF DEATH

County Clay
Township Gallatin
City (No.)

Registration District No. 196
Primary Registration District No. 5276

File No.
Registered No. 3
St. Ward

2. FULL NAME

Hazel Irene McFarren

(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Robert Voss

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

12. MAIDEN NAME OF MOTHER Jessie Dawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo.

14. INFORMANT M. L. McFarren (Address)

15. FILED Nov 5, 1919 9 A O'Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1918

17. I HEREBY CERTIFY, That I attended deceased from Nov 7-1918 to Nov 11, 1918, to Nov 11, 1918, and that I last saw him alive on Nov 11, 1918, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonia following influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED (Location) yrs. mos. ds.

IF NOT AT PLACE OF DEATH: Randolph mo

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. E. Sevin, M. D.

, 19 (Address) Liberty 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

Randolph mo Nov 12 1918

20. UNDERTAKER ADDRESS

Liberty mo

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY INFORMATION

Revised United States Standard Certificate of Death

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

38659B

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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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

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.