

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Dunklin  
 Township Ind  
 or  
 Village  
 or  
 City Frank (NO. St. Ward)

Registration District No. 288 File No. 39000  
 Primary Registration District No. 5400 Registered No. 208

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

2 FULL NAME

Mary Gladys White

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 24 1895  
(Month) (Day) (Year)

7 AGE 23 yrs. 5 mos. 7 1/2 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (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, State or foreign country) Munsey Ind.

PARENTS  
 10 NAME OF FATHER William H. White  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind.  
 12 MAIDEN NAME OF MOTHER Margaret Schine  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Richard B. Fay  
 (Address) Hennett Mo.

15 Filed Nov 6, 1918, Wm. L. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 1, 1918, to Nov 1, 1918, that I last saw her alive on Nov 1, 1918, and that death occurred, on the date stated above, at 10 m. The CAUSE OF DEATH\* was as follows:  
Pneumonia

10 (Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Influenza  
 (Duration) yrs. mos. 1 da.  
 (Signed) M. P. Gossett M. D.  
Nov 6, 1918. (Address) Hennett 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 Marsh Cave DATE OF BURIAL Nov 6, 1918

20 UNDERTAKER Sam Abernathy ADDRESS Hennett Mo.

# Revised United States Standard Certificate of Death

Adopted by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative value of various pursuits can be known. The same applies to each and every person, irrespectively. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in special cases, especially in industrial employments, an additional line is provided for the latter; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-trocery*, (b) *Foreman*, (b) *Automobile factory*. Industrial work on may form part of the second

Never return "Laborer," "Foreman," "Dealer," etc., without more precise occupation, as *Day laborer*, *Farm laborer*, *Laborer*—etc. Women at home, who are engaged in the household only (not paid *Housewife*), may receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, fully employed, as *At school* or *At home*. Persons engaged in domestic service for *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 should be indicated thus: *Farmer (retired, 6 yrs.)*. Persons who have no occupation whatever should be so stated.

**Statement of cause of death.**—Name, first, of DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Scarlet 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 "Asthena," "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.)