

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

1 PLACE OF DEATH  
County Johnson  
Township Grover  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 112 File No. 40499  
Primary Registration District No. 6586 Registered No. 10

2 FULL NAME Effie Jona House

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH August 30 1867  
(Month) (Day) (Year)

7 AGE 54 yrs 2 mos 2 ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Johnson Co. Mo

PARENTS  
10 NAME OF FATHER John Holloway  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
12 MAIDEN NAME OF MOTHER Mary Cruse  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John House  
(Address) Kuob Noster, Mo.

15 Filed Nov 7 1918 Registrar E. Florence Taylor

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 1st 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 25 1918 to Nov 1st 1918, that I last saw her alive on Nov 1st 1918, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
Spanish Influenza

11 10  
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY Broncho Pneumonia  
(Secondary) (Duration) yrs. mos. 3 ds.

(Signed) HARRY PARK, M. D.  
Nov 3, 1918 (Address) Kuob Noster

\*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 Wampler Cemetery DATE OF BURIAL Nov 3 1918

20 UNDERTAKER C. L. Saulty ADDRESS Kuob Noster, Mo.

# 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 various pursuits can be known. The line to each and every person, irrespectively of many occupations a single word or line will be sufficient, e. g., *Farmer or planter, Compositor, Architect, Locomotive engineer, Stationary fireman, etc.*—But specially in industrial employments, where the kind of work and also the business or industry, and therefore the official line is provided for the latter, should be used only when needed.

(1) *Spinner, (b) Cotton mill; (a) Salt-stacker, (b) Foreman, (c) Automobile factory.*—Worked on may form part of the second line, never return "Laborer," "Foreman," "Dealer," etc., without more precise designation: *Day laborer, Farm laborer, Laborer*—

Women at home, who are engaged in the household only (not paid Housework, or *At home*), may be entered as *Housework, or At home*; and children, employed, as *At school* or *At home*. Men taken to report specifically the occupations engaged in domestic service for *Waiter, Cook, Housemaid, etc.* If the cause has been changed or given up on account of CAUSING DEATH, state occupation at death. If retired from business, that is indicated thus: *Farmer (retired, 6 yrs.)* and if no occupation whatever.

**of cause of death.**—Name, first,

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 carbonic 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.)