

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

1 PLACE OF DEATH

County *Ripley*
Township *Douglas*
or
Village
or
City

Registration District No. *780* File No. *3 41633*
Primary Registration District No. *6985* Registered No. *356*

(NO. _____ St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME *Ever A. Loftis*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *Nov. 23*, 191*8*
(Month) (Day) (Year)

6 DATE OF BIRTH *1856*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *11-13*, 191*8*, to *11-22*, 191*8*, that I last saw h. *ev.* alive on *11-22*, 191*8*, and that death occurred, on the date stated above, at *7* p. m.

7 AGE *60* yrs. mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Enteritis
15000
105
(Duration) yrs. mos. *15* ds.

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)

CONTRIBUTORY (Secondary) *chronic constipation*
(Duration) yrs. mos. ds.
(Signed) *G. W. Carson* M. D.
11-25, 191*8* (Address) *Douglas*

9 BIRTHPLACE (City or town, State or foreign country) *Wilson Co., Tenn.*

PARENTS
10 NAME OF FATHER *Alfred A. Eagen*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Tenn.*
12 MAIDEN NAME OF MOTHER *Martha*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Tenn.*

*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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *L. H. Eagan*
(Address) *Pratt Mo.*

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 *11-25*, 191*8*, *E. B. Johnston* Registrar

19 PLACE OF BURIAL OR REMOVAL *Turners Cemetery* DATE OF BURIAL *Nov. 25*, 191*8*
20 UNDERTAKER *J. T. Wright* ADDRESS *Douglas Mo.*

No. 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-
Grocery*; (a) *Foreman*, (b) *Automobile factory*.
terial worked on may form part of the second
nt. Never return "Laborer," "Foreman,"
er," "Dealer," etc., without more precise
tion, as *Day laborer*, *Farm laborer*, *Laborer—
me*, etc. Women at home, who are engaged
duties of the household only (not paid *House-
nec p. s* 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 occupa-
tions 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 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 inter-
current) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; *Bronchopneumonia* (secondary), *10 ds.* Never
report mere symptoms or terminal conditions, such
as "Asthemia," "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 mis-
carriage, as "PUERPERAL septicaemia," "PUERPERAL
peritonitis," etc. State cause for which surgical oper-
ation was undertaken. For VIOLENT DEATHS state
MEANS OF INJURY, and qualify as ACCIDENTAL, SUI-
CIDAL, OR HOMICIDAL, or as *probably* such, if impos-
sible 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 "Con-
tributory." (Recommendations on statement of
cause of death approved by Committee on Nomen-
clature of the American Medical Association.)