

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

43938

1 PLACE OF DEATH
County Miller
Township Clay
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 6116B
Primary Registration District No. 853

File No. _____
Registered No. 4

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

2 FULL NAME Ruth Webb

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept. 3 1896
(Month) (Day) (Year)

7 AGE 87 yrs. 2 mos. 5 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) N.Y.

PARENTS
10 NAME OF FATHER David Eldridge
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y.
12 MAIDEN NAME OF MOTHER Dolly Brun
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ruth Webb
(Address) Newtown Mo

15 Filed Nov 9 1918 Registrar A.W. Wedner

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 8 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 27 1918 to Nov 8 1918, that I last saw him alive on Nov 6 1918, and that death occurred, on the date stated above, at 6:45 m.

The CAUSE OF DEATH* was as follows:
930
Myocarditis
not known
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) alcohol
(Signed) A.W. Wedner M.D.
Nov 9, 1918 (Address) A.W. Wedner

*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 No DATE OF BURIAL Nov 9, 1918
Jagers Cemetery, Clay Sp. Hill Co

20 UNDERTAKER C. Schaeue ADDRESS Milan Mo

Revised United States Standard Certificate of Death

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

of information should be carefully supplied in plain terms, so that it may be pro-

THE PLAINTIFF, WITH UNFADING MARGIN RESERVE

Statement of occupation.—Precise statement of this is very important, so that the relative value of various pursuits can be known. The same applies to each and every person, irrespectively of sex.

For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer or Physician, Compositor, Architect, Locomotive engineer, Stationary fireman*, etc. But in cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the name 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) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, 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; 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," "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.)