

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Miss Co Mo*

Vot. Pot. *Wolf Island*

Ino. Town.....

City.....

Registration District No. *996*

Primary Registration District No. *5657*

(No. .... St., ..... Ward)

File No. *47566-B*

Registered No.....

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

2 FULL NAME *Hattie Cassel*

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX *female* 4 COLOR OR RACE *black* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*  
(Write the word)

16 DATE OF DEATH *Dec. 5, 1918*  
(Month) (Day) (Year)

6 DATE OF BIRTH *Unknown, 1*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 27, 1918*, to *Dec. 5, 1918*, that I last saw her alive on *Dec. 5, 1918*, and that death occurred on the date stated above at *7 A.*m. The CAUSE OF DEATH\* was as follows:

7 AGE *about 40* yrs..... mos..... ds. IF LESS than 1 day... hrs. or... min.?

*Lobar Pneumonia following influenza 9 1/2*  
*11* (Duration)..... yrs..... mos. *8* ds.

8 OCCUPATION:  
(a) Trade, profession, or particular kind of work. *at home*  
(b) General nature of industry business or establishment in which employed (or employer)

Contributory *10* (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

9 BIRTHPLACE (State or country) *Mo*

10 NAME OF FATHER *Ben Webster*

11 BIRTHPLACE OF FATHER (State or country) *Mo*

12 MAIDEN NAME OF MOTHER *Maggie Johnson*

13 BIRTHPLACE OF MOTHER (State or country) *Mo*

(Signed) *J. Perry* M. D. *12/7, 1918* (Address) *Columbus, Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *John Montzay*  
*Madley Mo*  
(Address)

\*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 *Dec 18, 1918* *C. A. Fuslon* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Her. Cemetery* DATE OF BURIAL *12/6, 1918*

20 UNDERTAKER *Barrett & Ralford* ADDRESS *Richman, Ky*

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# 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) *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, 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), 29da.; *Bronchopneumonia* (secondary), 10 da. 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," "Hemorrhage," "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."

NOTE—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, pyaemia, septicaemia, tetanus.