

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

51111

1 PLACE OF DEATH
County Wright
Township Montgomery Registration District No. 911 File No.
or Primary Registration District No. 6227 Registered No. 6
Village City (NO. St.; Ward)
2 FULL NAME Estu Florene Shelby [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 WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH April 25th 1913
(Month) (Day) (Year)

7 AGE 5 yrs 7 mos 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS

10 NAME OF FATHER James S. Shelby

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Wright Co. Mo.

12 MAIDEN NAME OF MOTHER Joy J. Simon

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Nebraska

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Shelby
(Address) Lynchburg Mo

15 Filed 1-6 1919 B. S. Johnston
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21st 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 30 1918, to Dec 21st 1918, that I last saw her alive on Dec 21st 1918, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
11 (Duration) yrs. mos. ds.
Typhoid Fever
CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) Robt B. Tilley M. D.
12-22 1918 (Address) Plato 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 Manes DATE OF BURIAL 12-23 1918

20 UNDERTAKER ADDRESS

United States Standard Certificate of Death

by U. S. Census and American Public Health
Association)

ent of occupation.—Precise statement of oc-
very important, so that the relative health-
arious pursuits can be known. The question
each and every person, irrespective of age.
occupations a single word or term on the first
sufficient, e. g., *Farmer or Planter, Physician,*
Architect, Locomotive engineer, Civil engineer,
man, etc. But in many cases, especially in

necessary to know (a) the
business or
provided for
when needed.

(a) *Spinner, (b) ... (a) Salesman,*
(a) *Foreman, (b) Automobile factory.* The
ked on may form part of the second state-
er return "Laborer," "Foreman," "Manager,"
c., without more precise specification, as *Day*
n laborer, Laborer—Coal mine, etc. Women
o are engaged in the duties of the household
id *Housekeepers* who receive a definite salary),
red as *Housewife, Housework, or At home,* and
gainfully employed, as *At school or At home.*
be taken to report specifically the occupations
igaged in domestic service for wages, as *Serv-*
Housemaid, etc. If the occupation has been
iven up on account of the DISEASE CAUSING
occupation at beginning of illness. If re-
usiness, that fact may be indicated thus:
ed, 6 yrs.) For persons who have no occu-
ever, write *None.*

ent of cause of death.—Name, first, the
SING DEATH (the primary affection with re-
e and causation), using always the same
in for the same disease. Examples: *Cere-*
r (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
typhoid fever (never report "Typhoid pneu-
bar pneumonia; Bronchopneumonia ("Pneu-
ualified, is indefinite); *Tuberculosis of lungs,*
ilonaeum, 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 im-
portant. Example: *Measles* (disease causing death),
29 ds.; Bronchopneumonia (secondary); *10 ds.* Never
report mere symptoms or terminal conditions, such as
"Asthma," "Anaemia" (merely symptomatic), "Atrophy,"
"Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "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 operation
was undertaken. For VIOLENT DEATHS state MEANS OF
INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMI-
CIDAL, 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 "Con-
tributory." (Recommendations on statement of cause of
death approved by Committee on Nomenclature of the
American Medical Association.)