

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

2383

1 PLACE OF DEATH

County Pulaski
Township Tavern
or
Village
or
City Cracker (NO. _____ St. _____ Ward _____)

Registration District No. 766 File No. _____
Primary Registration District No. 5945 Registered No. 4

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

2 FULL NAME Katherine Jennings

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 4 1856
(Month) (Day) (Year)

7 AGE 64 yrs. If LESS than 1 day _____ hrs. or _____ min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Virginia

PARENTS
10 NAME OF FATHER Levy Sizemore
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina
12 MAIDEN NAME OF MOTHER Betsy Seely
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oley Jennings
(Address) Cracker, Mo

15 Filed Jan 3 1920 W. H. Pease Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 12 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 30th 1919 to Jan 12 1920, that I last saw her alive on Jan 12 1920 and that death occurred, on the date stated above, at 8:21 P. M.

The CAUSE OF DEATH* was as follows:
General Septic Thrombo
phlebitis
100 A. 83

(Duration) _____ yrs. _____ mos. 10 ds.
CONTRIBUTORY Thrombosis
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) James H. Keeler M. D.
1/12 1920 (Address) Cracker, 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 at home yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Virginia DATE OF BURIAL Jan 18 1920
20 UNDERTAKER W. H. Peasey ADDRESS Cracker, Mo.

Revised United States Standard Certificate of Death

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



STATE BOARD OF HEALTH

Bacteriological Laboratory

JEFFERSON CITY, MISSOURI

FROM

To

County

Missouri

Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of (name of organ); "Cancer" is less definite; avoid use of "Tumor" or 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), 9 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—suicide*; *Poisoned by carbolic acid—probably suicide*. In the injury, as fracture of skull, and (e.g., *epidemic typhus, tetanus*) may be stated

MISSOURI

HEALTH

Missouri