

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21149

1 PLACE OF DEATH

County Misg Co Mo
Vot. Pct. St June
Inc. Town
City Jarvis (No. _____ St., _____ Ward)

File No. _____
Registered No. 97
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 567
Primary Registration District No. 5768

2 FULL NAME Gladis Barnes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single single
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH aug 29, 1919
(Month) (Day) (Year)

7 AGE 1 yrs. 11 mos. 29 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 (State or country) Kuttan Ca Ky

10 NAME OF FATHER Bradley Barnes

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Ida McChelder

13 BIRTHPLACE OF MOTHER (State or country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. J. Childers
(Address) Jarvis Mo

15 Filed Aug 10, 1921 W. M. Hodges Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 25, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8/24, 1921, to 8/25, 1921, that I last saw him alive but ill, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
From reports I thought it was pneumonia
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) 5
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. C. Cooper, M. D.
Sp. Co., 1921 (Address) W. C. Cooper Ky

*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 _____ In the _____
of death _____ 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 Brownville DATE OF BURIAL Aug 27, 1921

20 UNDERTAKER St Louis Bur Co ADDRESS Hickman

Exact statement of OCCUPATION is... Every item of information should be carefully... state CAUSE OF DEATH in plain terms, so that it may be properly classified. 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, Composer, 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 for "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), *29ds.*; *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," "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.