Form V. S. 2—200m—6-19-19

COMMONWEALTH ~~OF KENTUCKY~~ MO

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24276 P

1 **PLACE, OF DEATH**

County Miss

Vot. Pct. ~~Dorena~~

Inc. Town Wolf Plan

City

Registration District No. 567

Primary Registration District No. 5167

(No. St., Ward)

File No.

Registered No. 46

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

2 FULL NAME Mary Almeda Webb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single Married Widowed or Divorced (Write the word): ~~Wd~~

6 DATE OF BIRTH: Aug (Month) 15 (Day), 1922 (Year)

7 AGE: yrs. mos. 3 ds.

IF LESS than 1 day ____ hrs. or ____ min?

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

9 BIRTHPLACE (State or country): Mo

PARENTS

10 NAME OF FATHER: Goble Webb

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Irine Franks

13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Goble Webb

(Address) Dorena Mo

15 Filed Sept 9, 1922 Dr D M Hodges Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 18 (Day), 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from —, 192..., to —, 192..., that I last saw her alive on —, 192..., and that death occurred on the date stated above at 5 a.m.

The CAUSE OF DEATH* was as follows:

Don't know cause. She died in a few minutes. No previous sickness

205 B (Duration) ....yrs. ....mos. ....ds.

Contributory (Secondary) 205 B

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Hubbard, M. D.

Aug 19, 1922 (Address) Hickman 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 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: Bardwell Ky

DATE OF BURIAL: 8/18, 1922

20 UNDERTAKER: Barrett & Ledford

ADDRESS: Hickman Ky

11—3184

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. See instructions on back of certificate.

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"); *Lobor 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. *ies* (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.