

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

1 PLACE OF DEATH

County Crawford

Township Bourbon

Village Bourbon Mo

City Bourbon Mo

Registration District No. 229

Primary Registration District No. 4139

St. _____ Ward _____

File No. _____

Registered No. 68

4365

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

2 FULL NAME Betty Jane McQuitok

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDDED OR DIVORCED (Write the word) single

6 DATE OF BIRTH Feb 19 1923
(Month) (Day) (Year)

7 AGE _____ 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 (City or town, State or foreign country) Bourbon Mo

10 NAME OF FATHER J. H. McQuitok

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Steelville Mo

12 MAIDEN NAME OF MOTHER Carrie Wilchester

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Winstromberg

(Address) Bourbon Mo

15 Filed 3/5/1923

Registrar D. J. E. Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 20 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 9 o'clock a.m. 1923, to 10 o'clock p.m. 1923, that I last saw her alive on 19 day of Feb 1923, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows: Constriction of the bowels

1175 (Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

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

(Signed) Charles Williams M. D.

*State the Disease Causing Death, or, in death 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 Bourbon Cemetery DATE OF BURIAL 2-21-1923

20 UNDERTAKER J. H. Winstromberg ADDRESS Bourbon Mo.

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 usefulness 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 Miller, 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 the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* Material worked on may form part of the second line. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—In a 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, gainfully employed, as *At school or At home.* It should be taken to report specifically the occupations of persons engaged in domestic service for others, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that may be indicated thus: *Farmer (retired, 6 yrs.)* persons who have no occupation whatever, *None.*

Statement of cause of death.—Name, first, of the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Spinal fever* (the only definite synonym is *hemie cerebrospinal meningitis*); *Diphtheria* (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), *29 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—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." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)