

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34903

1. PLACE OF DEATHCounty JacksonRegistration District No. 399Township RussPrimary Registration District No. 1002City Kansas City(No. 3239 Montgall)

File No. _____

Registered No. 4803

St. _____ Ward _____

2. FULL NAME Marilla C. Vallette(a) Residence. No. 3239 Montgall St. _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

William C. Vallette**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec. 16, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

76

0

15

OCCUPATION OF DECEASED(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wyanadotte Co. Ohio**10. NAME OF FATHER**Seth Merriman**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not known**12. MAIDEN NAME OF MOTHER**Anna Kear**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not known**14.**INFORMANT Mrs. T. C. Clarke
(Address) 3239 Montgall**15.**FILED 12/31 1924 M. M. Cerrone
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 31 1924**17.**I HEREBY CERTIFY, That I attended deceased from Nov 1
Dec 31, 1924, to _____ 19____
and I last saw him alive on Dec 24, 1924; and that
death occurred, on the date stated above, at 8:45 P. m.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**1919 Bronchial Arterio
several (duration) _____ mos. _____ ds.**CONTRIBUTORY (SECONDARY)**Cold.(duration) _____ yrs. _____ mos. 10 ds.**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?(Signed) Travis W. Bennett, M. D.
12/31.1924 (Address) 201 Argyle Bldg

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVALDATE OF BURIAL REric Kansas1-3-1924**20. UNDERTAKER**

ADDRESS

Stine & McClure Co. 924 Oak

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.

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

can key cert.
2-1-5-23
2-1-5-23

Vol. 3755

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 of "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 neoplasm); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "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, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of California }
County of San Diego } ss.

State File No. 34903
Local Registrar's No. 24

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of December, 1951, WAX, before me appears
Elizabeth Clark Pyron, who, upon her oath, states that the original record of ~~birth~~ death
for MARILA C. VALLETTE died 31 December, 1924, in the State of
Missouri, and which was filed at Kansas City on 31 Dec., 1924, should be corrected as follows:

Item No. 5a should read John William Vallette

Instead of William C. Vallette

Item No. 9 should read Wyandotte County, Ohio

Instead of In Addition to: Ohio

Item No. 6 should read 16 December 1848 (Bible Record)

Instead of Dec. 16, 1868

Item No. 19 should read (Date of Removal) 1-3-1925

Instead of 1-3-1924

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Elizabeth Clark Pyron Grand daughter
Relationship.

8498 Hillcrest Ave., La Mesa, Calif.
Present Address.

Subscribed and sworn to before me this 14th day of December, 1951, WAX.

My Commission expires _____
My Commission Expires Mar. 11, 1955
Notary Public:
E. Compton
in and for the County of San Diego, State of California

DEC 20 1951
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1925-12-21

1881-12-16

96 P