

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

Do not use this space.

4196

1. PLACE OF DEATH

County Audrain Registration District No. 76
Township Amund Secondary Registration District No. 3000
City Amund

File No. _____
Registered No. 76
St. 1 Ward

2. FULL NAME

(a) Residence. No. 76 St. 1 Ward.

Length of residence in city or town where death occurred 14 yrs. 1 mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~Single~~ Married ~~Never~~ Married or ~~Divorced~~ Widowed (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
WIFE OF
(OR) WIFE OF

C. A. Kellum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1880

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
44 11 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Pike Co., Mo.

10. NAME OF FATHER

Ben Sparks

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co., Mo.

12. MAIDEN NAME OF MOTHER

Marjorie Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co., Mo.

14.

INFORMANT C. A. Kellum
(Address) Harber Mo

15.

FILED May 15 1925 Merced Desiring
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 - 1925

17. I HEREBY CERTIFY, That I attended deceased from May 1 1925, to May 14 1925. That I last saw her alive on May 14, 1925, and that death occurred, on the date stated above, at 11-9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

121 B

139 C

125 B

CONTRIBUTORY Operated May 2nd
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Cecil F. Roselle, M. D.

May 15 1925 (Address) Merice Mo

*State the DISEASE CAUSING DEATH, or in deaths 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 REMOVAL | **DATE OF BURIAL**

Harber Mo | May 17 1925

20. UNDERTAKER | **ADDRESS**

A. G. Ganger | Ladonia Mo.

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.

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, 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"); *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.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

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ated by check marks, lacking from the death certificate:

Name: Minnie Pearl Kellum

Who died at: Amanda Hosp. Mexico Mo. on May 14 1926.

Residence: No. _____ St. Faaker Mo
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days 14

Sex: Female Color or race: White Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 44 Months 11 Days 14

Occupation: (a) Trade Housewife (b) Industry: _____

Birthplace (State or country) Pike County Missouri

Birthplace of father (State or country) Pike County "

Birthplace of mother (State or country) Pike County "

CAUSE OF DEATH: acute Embolism 117(B)

The exact cause of death is as stated in this report. Contributory: below: removal of Luge nail. cystic way, and above appendix.

Where was disease contracted? _____

Did operation precede death? Operation May 2nd 1925 Date of death May 14-1925

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician P E Levil & Roselle M Ds

Address of physician: Mexico Mo

The information is sought for statistical purposes. Prompt return of the information desired will be appreciated. For your reply, an envelope which requires no postage, is inclosed.

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