

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

Do not use this space.

12230-^a
✓

1. PLACE OF DEATH

County Harrison
Township Gilman
City Gilman (No.)

Registration District No. 338
Primary Registration District No. 4201

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

Suranna Shaffer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of John McShoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hautkeeper
(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) Ill. Zachariah Liley

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

14.

INFORMANT Mr. John Cream
(Address) Gilman City Mo

15.

FILED 7/15/26 REGISTRAR J. D. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 - 1926

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 12, 1926, that I last saw her alive on April 12, 1926, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Nephroses

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urine

(Signed) J. A. McAssard, M. D.

(Address) Gilman City 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

Gilman City Mo April 14, 1926

20. UNDERTAKER ADDRESS

W. D. Haines Gilman

It is stated EXACTLY as the DECEASED'S 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, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Harrison Registration District No. 338 File No.
Township..... Primary Registration District No. 4201 Registered No.
City..... Gilman (No.) St. Ward)

2. FULL NAME

Susanna Shaffer

(a) Residence. No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 8/11/26 W. J. Olphaus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12 1926

17. I HEREBY CERTIFY, That I attended deceased from to
that I last saw him alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH** WAS AS FOLLOWS:

Pulmonary Nerve
I don't know
(duration) yrs. mos. ds.

CONTRIBUTORY (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)....., M. D.

, 19 (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

REGISTRARS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

Every DEATH information should be reported to the state health department. If you are a physician, you should report every death to the state health department. If you are a funeral home, you should report every death to the state health department. If you are a coroner, you should report every death to the state health department. If you are a police officer, you should report every death to the state health department. If you are a nurse, you should report every death to the state health department. If you are a doctor, you should report every death to the state health department. If you are a pharmacist, you should report every death to the state health department. If you are a veterinarian, you should report every death to the state health department. If you are a dentist, you should report every death to the state health department. If you are a chiropractor, you should report every death to the state health department. If you are a podiatrist, you should report every death to the state health department. If you are a naturopath, you should report every death to the state health department. If you are a massage therapist, you should report every death to the state health department. If you are a physical therapist, you should report every death to the state health department. If you are a occupational therapist, you should report every death to the state health department. If you are a speech therapist, you should report every death to the state health department. If you are a dietitian, you should report every death to the state health department. If you are a nutritionist, you should report every death to the state health department. If you are a health educator, you should report every death to the state health department. If you are a health care administrator, you should report every death to the state health department. If you are a health care manager, you should report every death to the state health department. If you are a health care provider, you should report every death to the state health department. If you are a health care worker, you should report every death to the state health department. If you are a health care professional, you should report every death to the state health department. If you are a health care practitioner, you should report every death to the state health department. If you are a health care specialist, you should report every death to the state health department. If you are a health care expert, you should report every death to the state health department. If you are a health care authority, you should report every death to the state health department. If you are a health care leader, you should report every death to the state health department. If you are a health care pioneer, you should report every death to the state health department. If you are a health care innovator, you should report every death to the state health department. If you are a health care visionary, you should report every death to the state health department. If you are a health care futurist, you should report every death to the state health department. If you are a health care philosopher, you should report every death to the state health department. If you are a health care theologian, you should report every death to the state health department. If you are a health care ethicist, you should report every death to the state health department. If you are a health care sociologist, you should report every death to the state health department. If you are a health care psychologist, you should report every death to the state health department. If you are a health care anthropologist, you should report every death to the state health department. If you are a health care geographer, you should report every death to the state health department. If you are a health care historian, you should report every death to the state health department. If you are a health care linguist, you should report every death to the state health department. If you are a health care philosopher, you should report every death to the state health department. If you are a health care theologian, you should report every death to the state health department. If you are a health care ethicist, you should report every death to the state health department. If you are a health care sociologist, you should report every death to the state health department. If you are a health care psychologist, you should report every death to the state health department. If you are a health care anthropologist, you should report every death to the state health department. If you are a health care geographer, you should report every death to the state health department. If you are a health care historian, you should report every death to the state health department. If you are a health care linguist, you should report every death to the state health department.

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