

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

286

File No. 24014^a

1. PLACE OF DEATH

County Dunklin Registration District No. 278
 Township Hale Primary Registration District No. H112
 City Halemoor mo (No. 4170)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Ms Lena Mae Blakemore

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife 1903
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 - 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 | 9 | 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife 12
 (b) General nature of industry, business, or establishment in which employed (or employer) 10
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Halemoor Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Pritchard
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dunklin Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Nora Emmitt
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Stuart Blakemore
 (Address) Halemoor mo.

15. FILED Sept 16 1927 J. R. Spencer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-25-1927

17. I HEREBY CERTIFY That I attended deceased from 8-3, 1927 to 8-25, 1927 that I last saw her alive on 8-25, 1927, and that death occurred, on the date stated above, at 7:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery & Enteritis
(over 3 yrs)
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Pneumonia
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED home
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF 3/15-27

19. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? same
 (Signed) S. T. Smith, M. D.
8/26, 1927 (Address) Halemoor 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 Baldwin furn. Co. DATE OF BURIAL 8/26 1927

20. UNDERTAKER Kennett Mo ADDRESS Halemoor Mo

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.

PERMANENT RECORD

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; Broncho-pneumonia* ("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.; *Broncho-pneumonia* (secondary), 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("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.

DR. S. T. SMITH
HOLCOMB, MO.

3/6 28

Dr James Stewart:

Dear Dr.

I have no personal knowledge
of this operation:

The patient said: she had a bursted intestine
caused by labor & 2 yrs previous, which
sounds as plausible to me as the fact:
that her husband had \$300.

Yours Respectfully
S. T. Smith M.D.

24014a

Name: Mrs. Lena Mae Blackmore

Who died at: Holcomb Mo on Aug. 25, 1937

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

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

Sex: F Color or race: white Single, married, ~~widowed~~ or ~~divorced~~: married

Date of birth: _____ Age: Years _____ Months _____ Days _____

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

Birthplace (State or country) _____

Birthplace of father (State or country) _____ 114 B

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Diarrheal Enteritis

Contributory: Broncho Pneumonia

Where was disease contracted? home

Did operation precede death? Yes 2 or 3 Date of March & June
not able to get exact date

Was there an autopsy? NA What test confirmed diagnosis? None

Name of physician: S. H. Smith (was after she had come back from hospital)

Address of physician: Holcomb Mo.

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