

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

1 PLACE OF DEATH

County Lafayette
Township Lafayette
or
Village
or
City Jennett (NOT) St. Ward

Registration District No. 716 File No. 18110
Primary Registration District No. 5945 Registered No. 13

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

2 FULL NAME Jeanette Harbuck

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

16 DATE OF DEATH May 31st 1928
(Month) (Day) (Year)

6 DATE OF BIRTH Unknown 1866
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 28 1928 to May 31 1928 that I last saw her alive on May 30 1928 and that death occurred, on the date stated above, at 7:07 a.m.

7 AGE 67 yrs. mos. ds. If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
7401
(Duration) yrs. mos. ds. 30 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) r

CONTRIBUTORY (Secondary) Unknown (Signed) W. J. Bell (Duration) yrs. mos. ds. May 31 1928 (Address) Place of Death M. D.

9 BIRTH (City or town, State or foreign country) Indiana

*State the Disease Causing Death, or, in deaths from Violence, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

PARENTS 10 NAME OF FATHER Thomas J. Harbuck 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Place of Death

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Samuel Harbuck (Address) Crocker Mo.

Where was disease contracted if not at place of death? Place of Death Former or usual residence Nebraska

15 Filed May 31 1928 W. J. Bell Registrar

19 PLACE OF BURIAL OR REMOVAL Crocker cemetery DATE OF BURIAL June 1st 1928 ADDRESS Crocker 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.

5011

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, peritonaeum*, etc., *Carcinoma* (name of 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) action need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debt," ("Congenital," "Senile," etc.), "Dropsy," "Eustachian," "Heart failure," "Haemorrhage," "Infection," "Marasmus," "Old age," "Shock," "Urinary," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pneumonia," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if it is possible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accidental*; *Revolver wound of head—homicide*; *Poisoned with hydrocyanic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *epilepsy, 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.)