

SEP 25 1928

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

30308

1. PLACE OF DEATH
 County Wath Registration District No. 371 File No. 1
 Township 1 Primary Registration District No. 4217 Registered No. 2
 City Madison (No.) St. Ward

2. FULL NAME Rebecca Bunk
 (a) Residence No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>			16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Sept. 2</u> 19 <u>28</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF					17. I HEREBY CERTIFY That I attended deceased from <u>Aug. 10</u> 19 <u>28</u> to <u>Sept. 2</u> 19 <u>28</u> (that I last saw her alive on <u>Sept. 2</u> 19 <u>28</u> , and that death occurred, on the date stated above, at <u>3:30 P.</u> m.	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 7th - 1834</u>					THE CAUSE OF DEATH WAS AS FOLLOWS: <u>Suppurative Cervical adenitis</u>	
7. AGE	YEARS <u>88</u>	MONTHS <u>9</u>	DAYS <u>10</u>	If LESS than 1 day, hrs. <u> </u> or min. <u> </u>		
8. OCCUPATION OF DECEASED					11. (duration) yrs. <u>1</u> mos. <u> </u> ds.	
(a) Trade, profession, or particular kind of work					CONTRIBUTORY (SECONDARY) <u>Unknown - probably influenza several months ago.</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)					18. WHERE WAS DISEASE CONTRACTED	
(c) Name of employer					IF NOT AT PLACE OF DEATH,.....	
9. BIRTHPLACE (CITY OR TOWN) <u>Perry Co.</u> (STATE OR COUNTRY) <u>Ohio</u>					8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....	
PARENTS	10. NAME OF FATHER <u>James Patterson</u>				WAS THERE AN AUTOPSY?.....	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				WHAT TEST CONFIRMED DIAGNOSIS?	
	12. MAIDEN NAME OF MOTHER <u>Miss Ann A. Taylor</u>				(Signed) <u>G. M. Friedley</u> , M. D.	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				19/3, 19 28 (address) <u>Graham, W. Va.</u>	
14. INFORMANT (Address) <u>Miss W. E. Southwell</u>					19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Fairview Cemetery</u> DATE OF BURIAL <u>9/4</u> 19 <u>28</u>	
15. FILED..... 19..... REGISTRAR					20. UNDERTAKER <u>Kelly, Iowa</u> ADDRESS <u>Madland, Mo</u>	

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 neoplasma); *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 way train—accident*; *Revolver wound homicide*; *Poisoned by carbolic acid—probable*. The nature of the injury, as fracture or consequences (e. g., *sepsis, tetanus*), may be under the head of "Contributory." (Reactions on statement of cause of death ap) Committee on Nomenclature of the 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.

N. B. Item of information should be carefully supplied. AGE shown should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
 County Holt Registration District No. 391 File No. 1
 Township _____ Primary Registration District No. 4217 Registered No. 2
 City Maitland (No. _____) St. _____ Ward _____
 2. FULL NAME Rebecca Buck
 (a) Residence. No. _____ St. _____ Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Widowed
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 9 10

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) Cuyahoga
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Peterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Martha Harkin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) _____

14. INFORMANT Wm. W. Southwell
 (Address) Maitland Mo

15. FILED 9/4 1928 McKelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1928
 17. I HEREBY CERTIFY That I attended deceased from Aug 16 1928 to Sept 2 1928
 (that I last saw h. _____ since on _____ 1928, and that death occurred, on the date stated above, at 3:30 p. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suppurative cervical adenitis
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) E. H. Gindley M. D.
93 1928 (Address) Braham 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL R. O. Cemetery DATE OF BURIAL 9/4 1928

20. UNDERTAKER McKelley Sons ADDRESS Maitland Mo

SUPPLEMENTARY

S-30308

1915