

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>Poltis</u>		Registration District No.	<u>671</u>	File No.
Township	<u>Cador</u>		Primary Registration District No.	<u>5894</u>	Registered No.
or					
Village					
or					
City		(NO. _____ St. _____ Ward _____)			
FULL NAME <u>Mrs. Eliza A. McJannette</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>white</u>	<u>Widow</u>	<u>Feb 16</u> , 191 <u>2</u>		
DATE OF BIRTH			(Month) (Day) (Year)		
<u>April 13</u> , 18 <u>27</u>					
AGE			IF LESS than		
<u>84</u> yrs. <u>10</u> mos. <u>3</u> da.			1 day, ____ hrs. or ____ min.?		
OCCUPATION			I HEREBY CERTIFY, that I attended deceased from		
(a) Trade, profession, or particular kind of work <u>none</u>			<u>2/15</u> , 191 <u>2</u> , to <u>2/16</u> , 191 <u>2</u> ,		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>O - O</u>			that I last saw her alive on <u>Feb 16</u> , 191 <u>2</u> ,		
BIRTHPLACE			and that death occurred, on the date stated above, at <u>3 9</u> a.m.		
(City or town, State or foreign country) <u>Salt Sulphur Spg., Va</u>			The CAUSE OF DEATH* was as follows:		
NAME OF FATHER			<u>The patient was dying from Pneumonia where I was called</u>		
<u>Jno. Clark</u>			<u>1091</u> Duration) ____ yrs. ____ mos. ____ ds.		
BIRTHPLACE OF FATHER			Contributory		
(City or town, State or foreign country) <u>about know</u>			(SECONDARY) Duration) ____ yrs. ____ mos. ____ ds.		
MAIDEN NAME OF MOTHER			(Signed) <u>T. H. Harris</u> M. D.		
BIRTHPLACE OF MOTHER			<u>2/17</u> , 191 <u>2</u> (Address) <u>Georgetown Mo</u>		
(City or town, State or foreign country) <u>" "</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(Informant) <u>Mrs. T. J. McJannette</u>			At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
(ADDRESS) <u>Sedalia Mo # 5</u>			Where was disease contracted if not at place of death?		
Filed <u>2/17</u> , 191 <u>2</u> , <u>T. H. Harris</u> REGISTRAR			Former or usual residence		
			PLACE OF BURIAL OR REMOVAL		
			<u>McJannette Farm</u>		
			DATE OF BURIAL		
			<u>Feb 16</u> , 191 <u>2</u>		
			UNDERTAKER		
			<u>McLaughlin Bros</u>		
			ADDRESS		
			<u>Sedalia 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*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name 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) 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "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.)



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MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Pettis  
Township Cedar  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 671 File No. 6304  
Primary Registration District No. 5894 Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Mrs Eliza A. De Jarnette

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED W.  
(Write the word)

DATE OF BIRTH April 13, 1827  
(Month) (Day) (Year)

AGE 84 yrs. 10 mos. 3 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE  
(City or town, State or foreign country) Salt Spring, Va.

PARENTS  
NAME OF FATHER James De Jarnette  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know  
MAIDEN NAME OF MOTHER "  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs J. J. De Jarnette  
(ADDRESS) Sedalia Mo. 5

Filled Feb 17, 1912 by B. H. Harris  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-16, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1912, to 2/16, 1912,  
that I last saw her alive on \_\_\_\_\_, 1912,

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH\* was as follows: Franch  
The patient was dying from  
Pneumonia when I was called.

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. few ds.

Contributory  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
(Address) \_\_\_\_\_

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL De Jarnette farm DATE OF BURIAL 2/16, 1912

UNDERTAKER Mr Laughlin Bros ADDRESS Sedalia Mo.

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