

V. B. No. 2.

MARGIN RESERVED FOR BINDING

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

County Platte

Township _____

or Village _____

or City Portville (NO. _____)

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

Registration District No. 695

File No. 35228

Primary Registration District No. 4417

Registered No. 32

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

FULL NAME Hannah J. Olinger

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED widowed WIDOWED OR DIVORCED (If wife the word)

DATE OF BIRTH March 3, 1840
(Month) (Day) (Year)

AGE 70 yrs. 8 mos. 13 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) Indiana

PARENTS
NAME OF FATHER Joseph Spangler
BIRTHPLACE OF FATHER (City or town, State or foreign country) Texas
MAIDEN NAME OF MOTHER not known
BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Anna Kennedy
(ADDRESS) Pleasant Hill

Filed Nov 17 1910 Christ Dubois
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 10, 1910, to Nov 16, 1910, that I last saw her alive on Nov 16, 1910, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH was as follows:
Diffuse Encephalitis

Contributory +
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Mulderwood M. D.
Nov 17 1910 (Address) Portville

*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 Elbing Home DATE OF BURIAL Nov 18 1910
UNDERTAKER Harry Poland ADDRESS Portville

Revised United States Standard Certificate of Death

[Approved by U. S. Census Assn.]

U. S. and American Public Health Association]

Statement of occupation

Occupation is very important. Precise statement of occupation applies to each and every, so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term will be sufficient, e. g., every person, irrespective of *Composer, Architect, Locomotive engineer, Stationary fireman, etc.* But in many industrial employments, it is necessary to state the kind of work and also the nature of the employment, as *Architect, Locomotive engineer, Stationary fireman, etc.* But in many industrial employments, it is necessary to state the kind of work and also the nature of the employment, as *Architect, Locomotive engineer, Stationary fireman, etc.* But in many industrial employments, it is necessary to state the kind of work and also the nature of the employment, as *Architect, Locomotive engineer, Stationary fireman, etc.*

Statement of cause of death

DISEASE CAUSING DEATH (the primary affection with respect to time and causation). Name, first, the disease. Examples: *Cerebrosplinal meningitis*; *Croup*; *Typhoid fever* (never report "Typhoid fever" unqualified, is indefinite synonym is "Epidemic typhoid fever"); *Lobar pneumonia*; *Diphtheria* (avoid use of "Tumor" for malignant disease. Examples: *Cerebrosplinal meningitis*; *Bronchopneumonia* is indefinite); *Tuberculosis*; *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 septicaemia," "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.)

