

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.

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

PLACE OF DEATH  
County Worth  
Township Union River or Village \_\_\_\_\_ or City \_\_\_\_\_ (NO. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 260 File No. 917  
Primary Registration District No. 6369 Registered No. 1  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jane Sloman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female COLOR OR RACE: White SINGLE MARRIED WIDOWED OR DIVORCED: Widow  
(Write the word)

DATE OF BIRTH: Nov 10 1828  
(Month) (Day) (Year)

AGE: 82 yrs. 2 mos. 7 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work: House wife  
(b) General nature of industry, business, or establishment in which employed (or employer): Employer

BIRTHPLACE (City or town, State or foreign country): Mount Citta Wayne Co Ky

PARENTS  
NAME OF FATHER: John Duggan  
BIRTHPLACE OF FATHER (City or town, State or foreign country): Wayne Co Ky  
MAIDEN NAME OF MOTHER: Jane Pettit  
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Wayne Co Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. R. Olsen

(ADDRESS) R. 2, Cameron mo

Filed Jan 18 1911 W. C. Brackett  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 18 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Jan 14, 1911, to Jan 17, 1911, that I last saw him alive on Jan 17, 1911, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH\* was as follows:  
La Grippe

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

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

(Signed) J. A. Trautman M. D.  
1-18-1911 (Address) Cameron mo

\*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: Lake Day Ch Cemetery  
DATE OF BURIAL: Jan 19 1911

UNDERTAKER: Schwartz & Frazier  
ADDRESS: Cameron mo

# 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 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.)



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in original form.

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

CERTIFICATE OF DEATH

County De Kalb  
Township Grand River  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 265 - File No. 917  
Primary Registration District No. 5368 Registered No. 1

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

FULL NAME Jane Sloan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH \_\_\_\_\_, 1911  
(Month) (Day) (Year)

DATE OF BIRTH 11-10-1828  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-14-, 1911, to 1-17-, 1911, that I last saw him alive on 1-14-, 1911, and that death occurred, on the date stated above, at 10 p.m. The CAUSE OF DEATH\* was as follows:

AGE 82 yrs. 2 mos. 7 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

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

BIRTHPLACE (City or town, State or foreign country) Walta Wayne Co Ky

PARENTS NAME OF FATHER Mr. Thurgood  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Walta Wayne Co Ky  
MAIDEN NAME OF MOTHER Jane Galt  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Walta Wayne Co Ky

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) J. W. Franklin M. D.  
1-18 1911 (Address) Emerson Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. R. Glen

\*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 \_\_\_\_\_

(ADDRESS) Walta Wayne Co Ky

PLACE OF BURIAL OR REMOVAL Walta Wayne Co Ky DATE OF BURIAL 1-19- 1911  
UNDERTAKER Schwartz & Proyer ADDRESS Emerson Mo

Filed Jan 18 1911 W. S. Hale REGISTRAR

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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