

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

PLACE OF DEATH

County Bethel  
Township Epps  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 89 File No. 5448  
Primary Registration District No. 5132 Registered No. 8:44

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

FULL NAME Virginia May Woodring

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
DATE OF BIRTH March 1, 1887  
(Month) (Day) (Year)  
AGE 24 yrs. 10 mos. 24 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE  
(City or town, State or foreign country) West Co Kentucky

PARENTS  
NAME OF FATHER J. A. Woodring  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Union Co. West Co Ky  
MAIDEN NAME OF MOTHER Emma Keath  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Union Co. Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. A. Woodring  
(ADDRESS) \_\_\_\_\_

Filed Feb 1 1911 M. D. Caldwell  
Sub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 24, 1911, to Jan 24, 1911, that I last saw him alive on Jan 24, 1911, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Hemorrhage from Stomach  
117A  
1180 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory Peptic ulcer  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) Alfred P. Rowe M. D. (Address) Poplar Bluff 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 Northman Cemetery DATE OF BURIAL Jan 26, 1911  
UNDERTAKER J. A. Woodring ADDRESS Poplar Bluff 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.

# 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septicæmia," "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.)

Wound of head—non  
baby suicide. The 1



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

Butler  
Epps

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

Township

Registration District No.

89

File No.

Village

Primary Registration District No.

5132

Registered No.

44

City (NO. St. Ward)

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

FULL NAME

Virginia May Woodruff

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
*Write the word*

F

W-

Single

DATE OF DEATH

1-24-

(Month) (Day) (Year)

DATE OF BIRTH

3-1-1887  
(Month) (Day) (Year)

AGE

24 yrs 10 mos 24 ds.

IF LESS than  
1 day... hrs  
or... mlp 2

I HEREBY CERTIFY, that I attended deceased from 1-24-1911, to 1-24-1911, that I last saw her alive on 1-24-1911, and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH was as follows:

hemorrhage from stomach

OCCUPATION  
(a) Trade, profession, or particular kind of work

housework

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State of foreign country)

Butler Mo.

NAME OF FATHER

G. A. Woodruff

BIRTHPLACE OF FATHER

Butler Mo.

MAIDEN NAME OF MOTHER

Anna Death.

BIRTHPLACE OF MOTHER

Butler Kan.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

G. A. Woodruff

(ADDRESS)

Poplar Bluff Mo.

Filed

Feb 1 1911 Annie Clarke  
Deputy REGISTRAR

Original file, date

2-1-1911

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

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Duration) yrs mos ds.

(Signed)

W. R. Rowe M.D.

2-1-1911

(Address) Poplar Bluff

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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

DATE OF BURIAL

Sparksman Cre.

1-26 1911

UNDERTAKER

ADDRESS

G. A. Woodruff

Poplar Bluff

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CIDAL, or as probably definitely. Examples: railway train—accident; Poisoned by carbolic acid of the injury, as fracture

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