

## PLACE OF DEATH

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County PortageTownship Shumanor  
Village \_\_\_\_\_or  
City \_\_\_\_\_Registration District No. 723File No. 11642Primary Registration District No. 5954Registered No. 5

(NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME Emeline Portlock

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED Widowed (Write the word)DATE OF BIRTH May 5, 1847  
(Month) (Day) (Year)AGE 63 yrs. 8 mos. 20 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?OCCUPATION (a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) 19-0BIRTHPLACE (City or town, State or foreign country) Iowa (Des Moines)PARENTS NAME OF FATHER Isaac GrindeloffBIRTHPLACE OF FATHER (City or town, State or foreign country) Town North IowaMAIDEN NAME OF MOTHER Susan WamplerBIRTHPLACE OF MOTHER (City or town, State or foreign country) Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(ADDRESS) Wm In PortlockFiled Mar 9 1911 L. L. Gray REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 2nd, 1911, to Feb 14, 1911, that I last saw her alive on Feb 14, 1911, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH\* was as follows:

TuberculosisContributory Cerebral Hemorrhage  
(SECONDARY) (Duration) 23 1/2 yrs. 12 1/2 mos. 13 ds.(Signed) L. L. Gray M. D.  
Feb 16, 1911 (Address) St John 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 5 yrs. 1 mos. 1 ds. In the State 1 yrs. 1 mos. 1 ds.Where was disease contracted if not at place of death? 1Former or usual residence 1PLACE OF BURIAL OR REMOVAL St John Cem DATE OF BURIAL Feb 16, 1911UNDERTAKER Reary and Station ADDRESS Boonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

# 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.)



County Putnam  
 or  
 Township Sherman  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registration District No. 723 File No. 11642  
 Primary Registration District No. 5954 Registered No. 5

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

FULL NAME Emeline Portlock

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Feb 15, 1911  
(Month) (Day) (Year)

DATE OF BIRTH May 5, 1847  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 2, 1911, to Feb 14, 1911, that I last saw deceased on Feb 14, 1911, and that death occurred, on the date stated above, at 50 m.

AGE 63 yrs. 8 mos. 20 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Tuberculosis

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

BIRTHPLACE (City or town, State or foreign country) Iowa (Des Moines)

(Duration new 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.)

NAME OF FATHER Isaac Gendeloff

Contributory Caracas of Liver  
(SECONDARY)

BIRTHPLACE OF FATHER (City or town, State or foreign country) Terre Haute, Ind.

(Duration new 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.)

MAIDEN NAME OF MOTHER Mary Sampler

(Signed) L. L. Gray M. Dr 16, 1911 (Address) St. Johns, Mo.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

\*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  
 (Informant) H. H. Portlock

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

(ADDRESS) West Port Mo X

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 \_\_\_\_\_

Filed 7/10/11 1911 L. L. Gray REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Johns Cem. DATE OF BURIAL Feb. 16, 1911

UNDERTAKER Beary Station ADDRESS Powersville, Mo.

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