

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

Duplicate

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

County Texas
Township Upton
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 867 File No. 13183
Primary Registration District No. 6148 Registered No. 3

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

FULL NAME Irvin Bertha Wolfe

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH September 6th, 1908
(Month) (Day) (Year)
AGE 2 yrs. 6 mos. 16 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) 0

BIRTHPLACE (City or town, State or foreign country) Texas Mo

PARENTS
NAME OF FATHER Asberry Wolfe
BIRTHPLACE OF FATHER (City or town, State or foreign country) Success Mo.
MAIDEN NAME OF MOTHER Mattie Hart
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kurley Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. B. Tilley
(ADDRESS) Plato Mo.

Filed Mar 22nd 1911 R. B. Lynch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22nd, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 13th, 1911, to Mar. 22nd, 1911, that I last saw he alive on Mar 22nd, 1911, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Acute Meningitis

79A 420 10/10 10/10
(Duration) ___ yrs. ___ mos. 7 ds.

Contributory Intestinal Parasites
(SECONDARY) (Duration) ___ yrs. ___ mos. 9 ds.

(Signed) Bridget Tilley M. D.
Mar 22nd 1911 (Address) Kurley 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 Liberty Cemetery DATE OF BURIAL Mar. 23rd 1911
UNDERTAKER J. P. Rutherford ADDRESS Houston 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*, *Composer*, *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*, *peritonacum*, 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH
 County Lexington
 Township Lexington
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 867 File No. 13183
 Primary Registration District No. 6148 Registered No. 5

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

FULL NAME Irvin Bertha Wolfe

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the condition)

DATE OF BIRTH September 6, 1908
(Month) (Day) (Year)

AGE 2 yrs. 6 mos. 16 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) none

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 3-22, 1911, to 3-22, 1911, that I last saw her alive on 3-22, 1911, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Acute Meningitis

PARENTS

BIRTHPLACE (City or town, State or foreign country) Lexington, Mo.

NAME OF FATHER Robert Wolfe

BIRTHPLACE OF FATHER (City or town, State or foreign country) Lexington, Mo.

MAIDEN NAME OF MOTHER Matie Hart

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

Contributory Intestinal Parasites
(SECONDARY) (Duration) yrs. mos. ds. 2

(Signed) Bridges & Lilley M.D. 3/22 1911 (Address) Turley, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) R. B. Lynch
 (ADDRESS) Lexington, Mo.

Filed Mar. 22nd, 1911, R. B. Lynch REGISTRAR

PLACE OF BURIAL OR REMOVAL Liberty Cem. DATE OF BURIAL 3-23 1911

ADDRESS P.O. Rutherford Houston, Mo.

Revised United States Standard Certificate of Death

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

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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.)