

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

PLACE OF DEATH

County Leake

Township _____

Registration District No. 213

File No. 24089

Village _____

Primary Registration District No. 3014

Registered No. 100

City Jeff City (NO. 122 + E. 7th St.)

Ward: _____

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

FULL NAME Louise Bolton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White
MARRIED WIDOWED OR DIVORCED (Write the Word)

DATE OF BIRTH April - 16 - 1827
(Month) (Day) (Year)

AGE 84 yrs. 7 mos. 19 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) "G-O" 170

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

NAME OF FATHER Pete G. Grover

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER Martha Grover

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____

(ADDRESS) P. B. Bolton

Filed July 6 1911 G. E. Havelle REGISTRAR
R. C. Havelle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 30th, 1911, to July 5, 1911, that I last saw her alive on June 1st, 1911, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:
Exhaustion due to heat, fractured left hip resulting in confinement & senile debility.
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) 151
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Isaac H. Gaylor M. D.
1/6 1911 (Address) Jefferson City 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 City C. Jefferson City DATE OF BURIAL July 7th 1911

UNDERTAKER John F. Heinrichs & Son, Jeff. City ADDRESS _____

RECORDS OF DEATHS IN MISSOURI should state 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*, *peritonaeum*, 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.)



PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Bole
Township _____
or _____
Village _____
or _____
City J.C.

Registration District No. 213 File No. 24089
Primary Registration District No. 3014 Registered No. _____

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

FULL NAME Louise Patton

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
			_____ 1911 (Month) <u>7/5</u> (Day) (Year)	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
_____ 1911 (Month) (Day) (Year)			<u>May 30 to July 5th</u> , 1911,	
AGE			that I last saw <u>her</u> alive on <u>June 1st</u> , 1911,	
_____ yrs. _____ mos. _____ ds.			and that death occurred, on the date stated above, at _____ m.	
OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work			<u>Fractured - Surgical</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)			<u>neck of left femur - due to accidental fall on the floor - July 5th 1911</u>	
BIRTHPLACE (City or town, State or foreign country)			Contributory <u>Senile debility & heat exhaustion</u>	
NAME OF FATHER			(SECONDARY)	
BIRTHPLACE OF FATHER (City or town, State or foreign country)			(Duration) _____ yrs. _____ mos. _____ ds.	
MAIDEN NAME OF MOTHER			(Signed) <u>Dr. A. C. ...</u> M.D.	
BIRTHPLACE OF MOTHER (City or town, State or foreign country)			<u>Mich. 13</u> , 1911 (Address) <u>Jefferson City Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant)			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(ADDRESS)			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
Filed _____ 1911			Where was disease contracted if not at place of death?	
REGISTRAR			Former or <u>at Peter Patton's, Grand West end usual residence. McCarty St. Jefferson City Mo.</u>	
			PLACE OF BURIAL OR REMOVAL	
			DATE OF BURIAL _____ 1911	
			UNDERTAKER	
			ADDRESS	

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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