

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

PLACE OF DEATH

County Livingston

Township Farrview

Village \_\_\_\_\_

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

Registration District No. 511

File No. 28795

Primary Registration District No. 5680

Registered No. 10

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

FULL NAME Margie M Girkle

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE child MARRIED single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH September 24, 1900  
(Month) (Day) (Year)

AGE 10 yrs. 11 mos. 15 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

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

PARENTS  
NAME OF FATHER Charles W. Girkle  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Champlain, Co. Vt.  
MAIDEN NAME OF MOTHER Sarah P. Haynes  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Livingston Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) M. Girkle  
(ADDRESS) Avalon Mo.

Filed Aug 13 1911 by T. B. Blakely REGISTERAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov, 1910, to Aug 9, 1911, that I last saw her alive on Aug 9, 1911, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
Organic Heart Endocarditis

Contributory Rheumatism  
(SECONDARY) (Duration) about yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) J. H. Hume M. D.  
1911 (Address) Avalon 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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 1911  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

N. B.—Every item of information should be accurately reported. Exact statement of OCCUPATION in very plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms.

# 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.)

HUGH STEPHENS, JEFFERSON CITY.



## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Livingston

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

Township FairviewRegistration District No. 511

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 5680Registered No. 10

City \_\_\_\_\_

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

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

FULL NAME Margie M. Zirkle

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Sept 24, 1900</u> (Month) (Day) (Year)		
AGE <u>10</u> yrs. <u>11</u> mos. <u>15</u> ds. If LESS than 1 day, ___ hrs. or ___ min. 2		

OCCUPATION  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS

NAME OF FATHER <u>Charles W. Zirkle</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ch. Plain Co. Ohio</u>
MAIDEN NAME OF MOTHER <u>Sarah P. Hayes</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Livingston Co Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. M. Zirkle  
(ADDRESS) Avalon Mo

Filed Aug 13, 1911 by Dr. L. G. Blakely  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov, 1910, to Aug 9, 1911, that I last saw her alive on Aug 9, 1911, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH\* was as follows:

Organic Heart or Endocarditis

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

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

(Signed) J. H. Hume M. D.  
& Aug 12, 1911 (Address) Avalon 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 Blue mound Cemetery DATE OF BURIAL Aug 10, 1911

UNDERTAKER Farabee ADDRESS Livingston Mo.

Original file, date \_\_\_\_\_, 19\_\_\_\_\_

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

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

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