

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

PLACE OF DEATH

County Miller
Township Salina
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 571 File No. 28888
Primary Registration District No. 4300 Registered No. 95
5755W

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

FULL NAME Premature Birth

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug 30, 1911
(Month) (Day) (Year)

DATE OF BIRTH Aug 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 30, 1911, to Aug 30, 1911, that I last saw her alive on Aug 30, 1911, and that death occurred, on the date stated above, at 12:30 pm.
The CAUSE OF DEATH* was as follows:

AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day, 2 hrs. or 30 min.?

15 Premature Birth
(Duration) _____ yrs. _____ mos. _____ ds.

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

BIRTHPLACE (City or town, State or foreign country) Miller Co

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Dr. Glover M. D.
Aug 30, 1911 (Address) Engene

NAME OF FATHER James Witten

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

MAIDEN NAME OF MOTHER Barbra Johnston

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

*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

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 _____

(Informant) James Witten

(ADDRESS) Engene Mo

PLACE OF BURIAL OR REMOVAL Spring Garden Cem DATE OF BURIAL Aug 30 1911

Filed 8/30, 1911 REGISTRAR

UNDERTAKER Alvigo Simpson ADDRESS Engene 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," "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.)



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

County Miller
Township Saline
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 561 File No. _____
Primary Registration District No. 5755a Registered No. 93-

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

FULL NAME Premature Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
DATE OF BIRTH Aug 30, 1911
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. _____ ds.
If LESS than 1 day, 2 hrs. or 2 min. 2

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30, 1911
(Month) (Day) (Year)
HEREBY CERTIFY, that I attended deceased from Aug 30, 1911, to Aug 30, 1911, that I last saw her alive on Aug 30, 1911, and that death occurred, on the date stated above, at 12:30 P.
The CAUSE OF DEATH* was as follows:

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

Premature Birth
(Duration) _____ yrs. _____ mos. _____ ds.

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

PARENTS
NAME OF FATHER James W. Hiten
BIRTHPLACE OF FATHER (City or town, State or foreign country) Miller
MAIDEN NAME OF MOTHER Basra Houston
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Miller Co.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. Lee Glover M. D.
Aug 30, 1911 (Address) Evans

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Hiten
(ADDRESS) Evans Mo

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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 _____

Filed 8/31 1911 J. STEUBEL REGISTRAR

PLACE OF BURIAL OR REMOVAL Spring Garden Cem DATE OF BURIAL Aug 30, 1911
UNDERTAKER Along Simpson ADDRESS Evans Mo

Revised United States Standard Certificate of Death

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

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