

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

PLACE OF DEATH

County Jackson

Township ~~Whitcomb~~

Village

City Independence

Registration District No. 398

File No. 41323

Primary Registration District No. 3019

Registered No. 258

St. N. Main Ward

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

FULL NAME Nannie Evans

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF DEATH Dec 17, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Dec 25, 1866  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/11, 1911, to Dec 17, 1911, that I last saw her alive on Dec 17, 1911, and that death occurred, on the date stated above, at 4 m.

AGE 44 yrs. 11 mos. 25 ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

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

Pneumonia  
10 1/2  
9 1/2  
(Duration) yrs. mos. 2 ds.

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

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

NAME OF FATHER San Ray

(Signed) E. H. Phelan M. D.  
Dec 18, 1911 (Address) Independence Mo

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

MAIDEN NAME OF MOTHER Don't know

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

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?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Evans  
(ADDRESS) Independence Mo

Former or usual residence

Filed Dec. 20, 1911 G. E. Krimminger REGISTRAR

PLACE OF BURIAL OR REMOVAL City Indip. DATE OF BURIAL 17, 1911  
UNDERTAKER Geo. Bauer & Son ADDRESS Indip. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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*, *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*, *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.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Jackson

Township \_\_\_\_\_

Village \_\_\_\_\_

City Independence (NO. N. Main)

Registration District No. 398

File No. 41323

Primary Registration District No. 3019

Registered No. 258

St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Nannie Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE B. SINGLE MARRIED WIDOWED OR DIVORCED married  
(# write the word)

DATE OF BIRTH Dec. 20, 1866  
(Month) (Day) (Year)

AGE 44 yrs. 11 mos. 23 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. 2

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) Salina, Mo.

PARENTS NAME OF FATHER Walter BIRTHPLACE OF FATHER Val. MAIDEN NAME OF MOTHER Don't know BIRTHPLACE OF MOTHER " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Evans (ADDRESS) Independence, Mo.

Filed Feb. 28 1911 E. Kimm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12-16, 1911, to Dec. 17, 1911, that I last saw him alive on Dec. 17, 1911, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH\* was as follows: Lobar pneumonia

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

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. (Signed) Em Phenic M. D. Dec. 18 1911 (Address) Independence, 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 Cem. DATE OF BURIAL 12/20, 1911

UNDERTAKER Go. Bowen & Son ADDRESS Indeg. Mo.

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