

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.

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

**PLACE OF DEATH**

County Greene  
 Township \_\_\_\_\_  
 or  
 Village Neelyville Mo  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 88 File No. 2 **4321**  
 Primary Registration District No. 4054 Registered No. 7

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

**FULL NAME** Josie Whitehead

**PERSONAL AND STATISTICAL PARTICULARS**

<b>SEX</b> <u>Female</u>	<b>COLOR OR RACE</b> <u>Black</u>	<b>SINGLE MARRIED WIDOWED OR DIVORCED</b> (Write the word) <u>Married</u>
<b>DATE OF BIRTH</b> <u>March</u> <u>5</u> , <u>1884</u> (Month) (Day) (Year)		
<b>AGE</b> <u>27</u> yrs. <u>2</u> mos. <u>5</u> ds.		<b>IF LESS than</b> 1 day, ___ hrs. or ___ min.?
<b>OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>house keeping</u> <u>14</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>gc</u> <u>0</u> <u>14</u>		
<b>BIRTHPLACE</b> (City or town, State or foreign country) <u>Argentina Calif</u>		
<b>PARENTS</b>	<b>NAME OF FATHER</b> <u>Wm Goss</u>	
	<b>BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>Texas</u>	
	<b>MAIDEN NAME OF MOTHER</b> <u>Anna Goss</u>	
	<b>BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>Texas</u>	

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** Feb 22, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Feb 22, 1912, to Feb 22, 1912, that I last saw her alive on Feb 22, 1912, and that death occurred, on the date stated above, at 6:20 p.m.

**The CAUSE OF DEATH\* was as follows:**  
14 A Placenta Previa  
14 B Child not born but at full term  
 (Duration) \_\_\_ yrs. \_\_\_ mos. 12 hours ds.

**Contributory** Hemorrhage  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 2 hours ds.  
 (Signed) L. B. Powell M. D.  
Feb 22, 1912 (Address) Neelyville 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) Wallis Whitehead  
 (ADDRESS) Neelyville Mo

Filed Feb 26, 1912 W B Davis  
 REGISTRAR

**PLACE OF BURIAL OR REMOVAL** Neelyville Mo  
**DATE OF BURIAL** Feb 23, 1912  
**UNDERTAKER** Geo Abington  
**ADDRESS** Neelyville 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*, *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.)



ALL INFORMATION ON THIS FORM 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.

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

PLACE OF DEATH

County Butler

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

Township

or Neelyville Mo

Registration District No.

88

File No.

24312

Village

Primary Registration District No.

4054

Registered No.

7

City

(No.

St.

Ward)

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

FULL NAME

Josie Whitehead,

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Female

Black

Married

DATE OF BIRTH

March 5, 1884  
(Month) (Day) (Year)

DATE OF DEATH

Feb 22, 1912  
(Month) (Day) (Year)

AGE

27 yrs. 2 mos. 5 ds.

If LESS than 1 day, hrs. or mins.

I HEREBY CERTIFY, that I attended deceased from Feb 22, 1912, to Feb 22, 1912, that I last saw he alive on Feb 22, 1912, and that death occurred, on the date stated above, at 6:20 P.M.

OCCUPATION

(a) Trade, profession, or particular kind of work

housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:

Placenta previa child not born but at full term

BIRTHPLACE

(City or town, State or foreign country)

Argentina, Ark

(Duration) yrs. mos. ds. 12 hrs.

NAME OF FATHER

Wm. Goss

Contributory

Hemorrhage  
(SECONDARY) (Duration) yrs. mos. ds. 12 hrs.

BIRTHPLACE OF FATHER

Penn

(Signed)

L. B. Powell M. D.  
Feb 26, 1912 (Address) Neelyville Mo

MAIDEN NAME OF MOTHER

Liza Goss

\*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

Penn

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Whitehead

Where was disease contracted if not at place of death?

Former or usual residence

(ADDRESS) Neelyville Mo.

PLACE OF BURIAL OR REMOVAL

Neelyville Cem.

DATE OF BURIAL

Feb 23, 1912

Filed

Feb 6, 1912 W. B. Davis REGISTRAR

UNDERTAKER

Geo Abington

ADDRESS

Neelyville Mo

Original file, date Feb 26, 1912 All information called for must be written on this Supplementary Certificate.

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[Approved by U. S. Census and American Public Health  
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*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.)

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