

County Cape Girardeau ✓Township WineleaRegistration District No. 124File No. 2 4413

Village _____

Primary Registration District No. 5174Registered No. 2

City _____ (NO. _____)

St.: _____ Ward _____

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

FULL NAME Letha Noce

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(If write the word)DATE OF DEATH Jan 20, 1912
(Month) (Day) (Year)DATE OF BIRTH Oct 15, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 15, 1912, to Jan 20, 1912, that I last saw her alive on Jan 20, 1912, and that death occurred, on the date stated above, at 11 P. m.AGE 3 yrs. 5 mos. 5 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) 0119B meningitis
77A
118C
10 (Duration) yrs. ___ mos. ___ ds.BIRTHPLACE (City or town, State or foreign country) Dunklin CoContributory Acute Indigestion
(Secondary) (Duration) yrs. ___ mos. 20 ds.PARENTS NAME OF FATHER Edward Noce(Signed) J. A. Van Cuyburg M. D.
Jan 20, 1912 (Address) Burfordville MoBIRTHPLACE OF FATHER (City or town, State or foreign country) Cape Gir

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

MAIDEN NAME OF MOTHER Lemona Crutcher

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____

(Informant) Walter Slaughter

Former or usual residence _____

(ADDRESS) Burfordville MoPLACE OF BURIAL OR REMOVAL McSwine Cemetery DATE OF BURIAL Jan 21, 1912Filed Jan 1, 1912 J. A. Van Cuyburg REGISTRARUNDERTAKER Augustus P. Bollen ADDRESS Quakertown Mo

PLACE OF DEATH

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

County.....
Township.....
or
Village.....
or
City.....

Registration District No. File No.
Primary Registration District No. Registered No.

(NO. St. Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH	(Month)	(Day)
AGE yrs. mos. ds.	IF LESS than 1 day, hrs. or min. ?

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

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

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

(ADDRESS)

Filed, 191....., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, 191..... (Month), 191..... (Day), 191..... (Year)

I HEREBY CERTIFY, that I attended deceased from, 191....., to, 191....., that I last saw h..... alive on, 191....., and that death occurred, on the date stated above, atm. The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory
(SECONDARY), 191..... (Address), 191..... (Address), 191..... M. D.

(Signed), 191..... (Duration) yrs. mos. ds.

*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
UNDERTAKER	ADDRESS

WRITE PLAINLY, WITH UNBROKEN SPACES. FULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Cape Girardeau
 Township Knider
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward _____)

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

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

Registration District No. 124 File No. 4413
 Primary Registration District No. 5177 Registered No. 2

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

FULL NAME

Lethia Noce

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S.
 (Write the word)
 DATE OF BIRTH Oct. 15, 1911
 (Month) (Day) (Year)
 AGE 3 yrs. 5 mos. 5 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

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

PARENTS
 NAME OF FATHER Edward Noce
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Cape Gir.
 MAIDEN NAME OF MOTHER Anna Bunckey
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dunklin Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Wm. Slaughter

(ADDRESS) Burfordville Mo.
 Filed Jan 26 1912 J. W. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 15, 1912, to Jan. 20, 1912, that I last saw her alive on Jan. 15, 1912, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Meningitis due to enteritis

(Duration) ____ yrs. ____ mos. ____ ds.
 Contributory (SECONDARY) Acute Indigestion
 (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. W. Henderson M. D.
Jan 26 1912 (Address) Burfordville 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 Mc Lure Cem. DATE OF BURIAL Jan. 21, 1912
 UNDERTAKER August Faller ADDRESS Jackson 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*, *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.)