

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

County MoconTownship Walnut

or

Village _____

or

City _____ (NO. _____ St.; _____ Ward)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 530File No. 5917Primary Registration District No. 5709Registered No. 1FULL NAME Hannah Thomas

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	COLOR OR RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <input checked="" type="checkbox"/>
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DATE OF BIRTH Dec 25 1887
(Month) (Day) (Year)AGE 78 yrs. 10 mos. 10 ds.
IF LESS than 1 day, _____ hrs. or _____ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE
(City or town, State or foreign country) South Wales

PARENTS	NAME OF FATHER <u>David Knout</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wales</u>
	MAIDEN NAME OF MOTHER <u>Rachel Thomas</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wales</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Phillips(ADDRESS) Loelodi MoFiled March 17 1912 WMA Quack REGISTERAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Dec 29, 1911, to Jan 3, 1912, that I last saw her alive on June 2, 1912, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia
108
97
Contributory bad Heart & Kidneys
(Duration) _____ yrs. _____ mos. 10 ds.
(Secondary) _____ (Duration) 20 yrs. _____ mos. _____ ds.
(Signed) W E M Bradley M. D.
114/12 1911 (Address) Ethel 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 Ethel moPLACE OF BURIAL OR REMOVAL Glaston County DATE OF BURIAL Jan 5 1912UNDERTAKER R A Mason ADDRESS Ethel 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.), "Diarrhoea," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septichaemia," "PUERPERAL peritonitis," State cause for which surgi al operation was advised and taken. 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Macon
 Township Walnut
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 530 File No. 5917
 Primary Registration District No. 5787 Registered No. 1

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

FULL NAME

Hannah Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Dec 25</u> , 1 <u>897</u> (Month) (Day) (Year)		
AGE <u>28</u> yrs. <u>10</u> mos. <u>16</u> ds.		IF LESS than 1 day, hrs. or mins.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>South Wales</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 29, 1911, to Jan 3, 1912, that I last saw her alive on Jan 2, 1912, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Pneumonia Fever

(Duration) yrs. mos. 10 ds.

PARENTS	NAME OF FATHER <u>John</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wales</u>
	MAIDEN NAME OF MOTHER <u>Rachel Thomas</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wales</u>

Contributory bad heart & kidneys etc
 (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. E. Brudley M. D.
Jan 3, 1912 (Address) Ethel Mo

*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

(Informant) John Williams
 (ADDRESS) Laclede 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?

Former or usual residence.

Filed Jan 10, 1912
M. J. Brock
 REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Walden Cem</u>	DATE OF BURIAL <u>Jan 5</u> , 19 <u>12</u>
UNDERTAKER <u>R. A. Mason</u>	ADDRESS <u>Ethel Mo</u>

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Association]

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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.)