

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH  
County Pop. Gibson  
Township Whitecourt  
Village \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 136 File No. 8483  
Primary Registration District No. 5183 Registered No. 9  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Bessie Lee Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single  
DATE OF BIRTH Feb 24 1911  
AGE 1 yrs. 2 mos. 6 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) none

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

PARENTS  
NAME OF FATHER Kenneth Brown  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pop. Gibson Mo  
MAIDEN NAME OF MOTHER Addie Roberts  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pop. Gibson Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Bessie L. Brown  
(ADDRESS) Millerwild

Filed March 9 1912 W. C. Longenecker  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 21 1912, to March 31 1912, that I last saw her alive on Mar 30 1912, and that death occurred, on the date stated above, at 4 p.m.  
The CAUSE OF DEATH\* was as follows:

Brunst to Death  
180  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory none  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) \_\_\_\_\_ M. D.  
(Address) \_\_\_\_\_

\*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 John Brown DATE OF BURIAL April 1 1912  
UNDERTAKER W. C. Longenecker ADDRESS Chicago

# 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.)

RECORD IS A PERMANENT RECORD

N. B.—Every item of information should be careful. 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 Cape Girardeau  
County Whitewater Registrars shall not receive a fee for certificates until they are completed as prescribed by law.  
Township \_\_\_\_\_ Registration District No. 132 File No. \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_ Primary Registration District No. 5783 Registered No. 9  
or \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Bessie Lee Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S

DATE OF BIRTH Feb 24, 1911  
(Month) (Day) (Year)

AGE 1 yrs. 2 mos. 6 ds. IF LESS than 1 day, \_\_\_\_ hrs or \_\_\_\_ min.

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

BIRTHPLACE (City or town, State or foreign country) Cape Girardeau Mo

PARENTS NAME OF FATHER Burette Brown

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

MAIDEN NAME OF MOTHER Wendie Robbins

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

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

(ADDRESS) Weltersville

Filed Mar 30, 1912 W. C. Sutrough REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 20, 1912, to Mar 30, 1912, that I last saw her alive on Mar 30, 1912, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH\* was as follows:  
Burned to Death  
Death was due to conflagration

Contributory none  
(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Dayton Seabough M. D.  
Mar 30, 1912 (Address) Jullsville

\*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 Salem Tenn DATE OF BURIAL Feb, 1912

UNDERTAKER W. Chieganerwitz ADDRESS Cambridge Mo

# Revised United States Standard Certificate of Death

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

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