

MARGIN RESERVED FOR BINDING

ONLY, 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 Carroll
Township Lewitt
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 136 File No. 7 8507
Primary Registration District No. 5194 Registered No. 7

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

FULL NAME Ruby Wiley

PERSONAL AND STATISTICAL PARTICULARS

SEX Girl COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Aug 10 1911
(Month) (Day) (Year)
AGE 6 yrs. 15 mos. 15 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) 0

BIRTHPLACE (City or town, State or foreign country) Carroll Co Mo
NAME OF FATHER William H Wiley
BIRTHPLACE OF FATHER (City or town, State or foreign country) Fenn Co Mo
MAIDEN NAME OF MOTHER Emma E Patton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Carroll Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm H Wiley
(ADDRESS) Brewerth Mo

Filed Feb 9th 1912
REGISTRAR J. O. L.

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 30, 1911, to Feb 25, 1912, that I last saw her alive on Feb 24, 1912, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:
Spinal Meningitis
23A
28
77A
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Tuberculosis of heart
(SECONDARY)
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) W. B. Brown M. D.
Feb 25 1912 (Address) Brewerth 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 Whorton DATE OF BURIAL 2-25-1912
UNDERTAKER Louis Lipan ADDRESS Brewerth Mo

Filed 2-25-1912 W. S. Winder Sec. 109

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, 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.)



PLACE OF DEATH

County

Carroll

Township

Dewitt

or

Village

City

(NO.

Registration District No.

136

File No.

8507

Primary Registration District No.

5794

Registered No.

7

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

FULL NAME

Ruby Wiley

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH *Aug 10*, 1911
(Month) (Day) (Year)

AGE *6* yrs. *15* mos. *15* 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)

Carroll Co Mo

NAME OF FATHER

William H. Wiley

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

Carroll Co Mo

MAIDEN NAME OF MOTHER

Eugene E Patton

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

Carroll Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

William H. Wiley

(ADDRESS)

Bosworth Mo

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 25

(Month)

(Day)

1912

I HEREBY CERTIFY, that I attended deceased from *Nov 30*, 1911, to *Feb 25*, 1912, that I last saw her alive on *Feb 24*, 1912,

and that death occurred, on the date stated above, at *1:30* m.

The CAUSE OF DEATH* was as follows:

Spinal meningitis

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

A. G. Ross Brown

M. D.

Feb 25, 1912

(Address)

Bosworth 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

Holton

DATE OF BURIAL

2/25 1912

UNDERTAKER

Louis Lepand

ADDRESS

Bosworth Mo

Filed

February 25, 1912

J. P. Logan

REGISTRAR

Final file, date

MAR 7 1912

1912

All information called for must be written on this Supplementary Certificate.

WITH UNFADING INK—THIS IS PERMANENT RECORD

WRITE IN PLAIN

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.)