

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 Ray
Township Richmond
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 744 File No. 10677
Primary Registration District No. 5976B Registered No. 357

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

FULL NAME Claudie Tegarden

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct. 10, 1887
(Month) (Day) (Year)

AGE 24 yrs. 4 mos. 19 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) Ray Co.

PARENTS
NAME OF FATHER James N. Tegarden
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ray Co. Mo.
MAIDEN NAME OF MOTHER Clementine Gorham
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ray Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. N. Schooler
(ADDRESS) Rayville Mo. R. F. D.

Filed March 1, 1912 Geo. H. Hub REGISTRAR
Def. 4

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 15, 1918, to Feb. 29, 1912, that I last saw her alive on ", ", 1912, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:
General Tuberculosis
32B
20
(Duration) 4 yrs. 0 mos. 0 ds.

Contributor (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) John F. Clark M. D.
Mar 1, 1912 (Address) Rayville 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 Tegarden Cem. DATE OF BURIAL March 1, 1912
UNDERTAKER Strinwell + Co ADDRESS Richmond

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.)



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

PLACE OF DEATH

County: Ray
Township: Richmond
or
Village: _____
or
City: _____ (NO. _____ St.: _____ Ward)

Registration District No. 915 File No. 10677
Primary Registration District No. 6236 Registered No. 7

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

FULL NAME Claudia Tegarden

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single
MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH Oct 10 1887
(Month) (Day) (Year)
AGE 24 yrs. 4 mos. 19 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) Ray County Mo

PARENTS
NAME OF FATHER James W Tegarden
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ray County Mo
MAIDEN NAME OF MOTHER Clavinette Sorbance
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ray Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W D Scholer
(ADDRESS) Rayville, Mo RFD

Filed Mar 1 1912 John F. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 15, 1912, to Feb 29, 1912, that I last saw her alive on February 29, 1912, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH was as follows:
General Tuberculosis

(Duration) 4 yrs. mos. ds.
Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) John F. Clark M. D.
Mar 17 1912 (Address) Rayville Mo

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

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PLACE OF BURIAL OR REMOVAL Tegarden Cem DATE OF BURIAL Mar 1 1912

UNDERTAKER Steinert & Co ADDRESS Richmond

THIS IS A PERMANENT RECORD
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