

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Cape Girardeau		Registration District No.	129	File No.	12710
Township	Shalmer		Primary Registration District No.	6180	Registered No.	7
Village						
City			(NO.)		St.	Ward
FULL NAME			Daisy Craft			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Female	White	Single	March 31, 1912 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
Dec. 27, 1893 (Month) (Day) (Year)			, 191, to , 191,			
AGE		IF LESS than 1 day, hrs. or min.?	that I last saw h. alive on , 191,			
18 yrs. 4 mos. 4 ds.			and that death occurred, on the date stated above, at m.			
OCCUPATION (a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:			
Housekeeping			This man Dr. Cottages			
(b) General nature of industry, business, or establishment in which employed (or employer)			Reported - and he failed			
g-33			to make report - but I am			
BIRTHPLACE (City or town, State or foreign country)			of him (Duration) yrs. - months - days.			
Cape Girardeau Co			Contributory (Secondary) cause of death			
NAME OF FATHER			(Signed) J. H. Sample M. D.			
Thos & Craft			April 1, 1912 (Address) Pocahontas			
PARENTS	BIRTHPLACE OF FATHER (City or town, State or foreign country)		*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		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)		At place of death yrs. mos. ds. In the State yrs. mos. ds.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted if not at place of death?			
(Informant) Thos & Craft			Former or usual residence			
(ADDRESS) Shelby County Mo			PLACE OF BURIAL OR REMOVAL			
Filed April 1, 1912 J. H. Sample		REGISTRAR	Pocahontas			
			DATE OF BURIAL			
			April 1, 1912			
			UNDERTAKER			
			R. P. Ruff			
			ADDRESS			
			Pocahontas			

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.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Cape Girardeau

Township Shannon

Village _____

City _____ (NO. _____)

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

Registration District No. 129

Primary Registration District No. 5180

File No. 12710

Registered No. 7

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

FULL NAME Daisy Craft

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec. 27, 1893
(Month) (Day) (Year)

AGE 18 yrs. 3 mos. 4 ds. IF LESS than 1 day, hrs. or mins.

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

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

NAME OF FATHER Thos. L. Craft

BIRTHPLACE OF FATHER (City or town, State or foreign country) Amidon Co Mo.

MAIDEN NAME OF MOTHER Sophine Seim

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thos L. Craft

(ADDRESS) Walyo Landing Mo.

APR 1 1912 REGISTRAR Geo. H. Sample

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to _____, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

This was Dr. Atkins patient
Address: Jackson Mo

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Hip joint disease
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Geo. H. Sample M. D.
April 1, 1912 (Address) Pocahontas 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 Wells Beach DATE OF BURIAL Apr 1, 1912

UNDERTAKER R. P. Puff ADDRESS Pocahontas

Original file, date _____, 1912

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

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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.)