

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

PLACE OF DEATH

County Marion

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Hannibal

Registration District No. 547

File No. 17646

Primary Registration District No. 9029

Registered No. 148

(NO. 412 Hope St. 6 Ward)

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

FULL NAME Nettie W. Woods

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single  
MARRIED \_\_\_\_\_  
WIDOWED \_\_\_\_\_  
OR \_\_\_\_\_  
DIVORCED \_\_\_\_\_  
(Write the word)

DATE OF BIRTH Mar. 14, 1871  
(Month) (Day) (Year)

AGE 41 yrs. ✓ mos. ✓ 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) Kentucky

PARENTS  
NAME OF FATHER John T. Woods  
BIRTHPLACE OF FATHER Kentucky  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Mary Cunningham  
BIRTHPLACE OF MOTHER Kentucky  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. Mat Woods  
(ADDRESS) Hannibal

Filed May 20, 1912 W. W. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 16, 1912, to May 18, 1912, that I last saw her alive on May 18, 1912, and that death occurred, on the date stated above, at 10<sup>05</sup> P. M.

The CAUSE OF DEATH\* was as follows:  
Acute Brights Disease  
following a surgical  
operation several  
weeks before  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory 1160  
(SECONDARY) 120  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. A. Burkitt M. D.  
5/19, 1912 (Address) Hannibal

\*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 Mt Olivet DATE OF BURIAL May 20, 1912  
UNDERTAKER W. M. Smith ADDRESS Hannibal

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
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.  
V. S. No. 3.

# 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County Marion

Township \_\_\_\_\_

Registration District No. 547

File No. 17646

or Village \_\_\_\_\_

Primary Registration District No. 3029

Registered No. 148

or City Hannibal (NO. 412 Nope)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME

Nether W. Woods

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 18, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Mar. 18, 1871  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 16, 1912, to May 18, 1912, that I last saw him alive on May 18, 1912, and that death occurred, on the date stated above, at 10<sup>15</sup> m.

AGE 41 yrs. 2 mos.  ds. IF LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
Acute Brights disease following a surgical operation for Gynaecitis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Ky.  
PARENTS NAME OF FATHER John Woods  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.  
MAIDEN NAME OF MOTHER May Cunningham  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

Signed J. N. Baskett M. D. +  
May 19 1912 (Address) Hannibal 2  
\*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) J. M. Woods  
(ADDRESS) Hannibal 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 May 20 1912 W. H. Jones REGISTRAR

PLACE OF BURIAL OR REMOVAL Mt. Olivet DATE OF BURIAL May 20 1912  
UNDERTAKER Wm. M. Smith ADDRESS Hannibal Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. I (SIC) should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

SUPPLEMENTARY

CORRECTED

MAY

# 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 septicæmia," "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.)