

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 Vernon
Township _____ or Village _____ or City Meadow (NO. _____) St.: _____ Ward _____

Registration District No. P757 File No. 19308
Primary Registration District No. 3039 Registered No. 102

Full Name Ann Carol Kureca

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>m</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widowed</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Feb 20</u> , 18 <u>37</u> (Month) (Day) (Year)		
AGE <u>75</u> yrs. <u>2</u> mos. <u>17</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Black Smith</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General Blacksmith</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Benton Co Mo.</u>		
PARENTS	NAME OF FATHER <u>Kureca</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>not obtainable</u>	
	MAIDEN NAME OF MOTHER <u>not obtainable</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 6, 1922, to May 7, 1922, that I last saw him alive on May 2, 1922, and that death occurred, on the date stated above, at St. Louis.
The CAUSE OF DEATH* was as follows:
Shock, 11/2 hrs. +
by collapse

Contributory fractured hip
(SECONDARY) (Duration) yrs. _____ mos. _____ ds.

(Signed) Joseph M. Yates M. D.
5/1 1922 (Address) W. 2nd St. St. Louis Mo.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. 6 mos. _____ ds. In the 7.5 yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? Nevada Mo.
Former or usual residence Jefferson City Mo.

PLACE OF BURIAL OR REMOVAL <u>Leopwood Nevada Mo.</u>	DATE OF BURIAL <u>5/8</u> , 19 <u>22</u>
UNDERTAKER <u>W. J. Kinscott</u>	ADDRESS <u>Nevada Mo.</u>

Yates

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. K. Gallois
(ADDRESS) Nevada Mo.

Filed 5/8 1922 J. D. Willcox
REGISTRAR

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 Vermont

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

Township _____

Registration District No. 875

File No. 19308

or Village _____

Primary Registration District No. 3039

Registered No. 102

or City Nevada

(No. _____) (St. _____) (Ward _____)

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

FULL NAME Wm Carroll Duren

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED wd.
(Write the word)

DATE OF DEATH May 7, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb. 20, 1837
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 6, 1912, to May 7, 1912, that I last saw him alive on May 7, 1912, and that death occurred, on the date stated above, at 8 a m.

AGE 75 yrs. 2 mos. 17 ds.
If LESS than 1 day, ___ hrs. or ___ mins.

The CAUSE OF DEATH* was as follows:
Shock followed by collapse
See means of injury from fall
(Duration) ___ yrs. ___ mos. ___ ds.

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

Contributory fracture hip
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Benton Co. Mo.

PARENTS NAME OF FATHER unknown
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER S m.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

*(Signed) Joseph M. [unclear] M. D. X
5/2/12 (Address) Nevada Mo X

*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) Wm H. Talbot

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 1 yrs. 6 mos. ___ ds. In the State Mo yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? Nevada Mo
Former or usual residence Jefferson City Mo

(ADDRESS) Nevada Mo.

PLACE OF BURIAL OR REMOVAL Deerpark Nevada DATE OF BURIAL May 8, 1912

Filed May 8, 1912 X J. W. Willson X REGISTRAR

UNDERTAKER W. J. Mainscott ADDRESS Nevada Mo.

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.

SUPPLEMENTARY

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.)