

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	
County	<i>Jasper</i>	Registration District No.	<i>417</i>
Township		File No.	<i>233718347</i>
or		Primary Registration District No.	<i>3021</i>
Village		Registered No.	<i>115</i>
or		St.:	Ward)
City	<i>Webb City</i> (NO. <i>10</i>)	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <i>Leah Catharine Freshwater</i>			

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>widowed</i> (Write the word)	DATE OF DEATH <i>July 18th</i> , 191 <i>2</i> (Month) (Day) (Year)		
DATE OF BIRTH <i>March 11</i> , 18 <i>53</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>July 3rd</i> , 1912, to <i>July 17th</i> , 1912, that I last saw her alive on <i>July 17th</i> , 1912, and that death occurred, on the date stated above, at <i>2 a. m.</i> The CAUSE OF DEATH* was as follows: <i>Organic Heart Disease.</i>		
AGE <i>59</i> yrs. <i>4</i> mos. <i>7</i> ds. <i>7</i> IF LESS than 1 day, ____ hrs. or ____ min.?			92894 (Duration) <i>several</i> yrs. ____ mos. ____ ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Homework</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>9-0</i>			Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.		
BIRTHPLACE (City or town, State or foreign country) <i>Illinois.</i>			(Signed) <i>G. H. Craig</i> M. D. <i>July 18th</i> , 191 <i>2</i> (Address) <i>Webb City, Mo.</i>		
PARENTS	NAME OF FATHER <i>Joseph A. Baker</i>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Alabama</i>	*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 <i>Elizabeth M. Derrick</i>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Tenn.</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Julia A. Everston</i> (ADDRESS) <i>Wier, Kansas.</i>			Where was disease contracted if not at place of death? Former or usual residence.	
	Filed <i>July 19</i> , 191 <i>2</i> <i>E. H. Baird</i> REGISTRAR			PLACE OF BURIAL OR REMOVAL <i>Sarcopic Mo.</i> UNDERTAKER <i>J. T. Stuba Uncler</i>	DATE OF BURIAL <i>July 19th</i> , 191 <i>2</i> ADDRESS <i>Webb City, Mo.</i>

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.)



FADING INK—THIS IS A PERMANENT RECORD

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X

PLACE OF DEATH

County Jasper

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

Township _____

Registration District No. 417

File No. _____

Village _____

Primary Registration District No. 3021

Registered No. 115

City Webb City

FULL NAME Leah Cathrine Freshwater

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

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

DATE OF BIRTH March 11, 1853
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3, 1912, to July 17, 1912,
that I last saw her alive on July 17, 1912,
and that death occurred, on the date stated above, at 2 a, m.

AGE 59 yrs. 4 mos. 7 ds.
IF LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:

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

Acute Stenosis

BIRTHPLACE (City or town, State or foreign country) Ill. U.S.A.

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

NAME OF FATHER Joseph Baker

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

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

(Signed) G. H. Craig M. D.
July 18, 1912 (Address) Webb City Mo.

MAIDEN NAME OF MOTHER Elizabeth M. Derrick

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julia A. Everston

Where was disease contracted if not at place of death? _____
Former or usual residence _____

(ADDRESS) Weir, Kansas

PLACE OF BURIAL OR REMOVAL Sarcosie Mo. DATE OF BURIAL July 19, 1912

Filed Sept 21, 1912 E. H. B... REGISTRAR

UNDERTAKER J. T. Steel M.D. ADDRESS Webb City Mo.

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.)

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