

N. B. Full name 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 Pike ✓
 Township Calumet Registration District No. 685 File No. 27182
 or Jaynesville Primary Registration District No. 3909B Registered No. 32
 Village Jaynesville
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Francis Carolina Steele

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Negro SINGLE Single
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH July 21st, 1911
 (Month) (Day) (Year)

AGE 1 yrs. 9 mos. 26 ds. If LESS than
 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
 NAME OF FATHER Charley Steele
 BIRTHPLACE OF FATHER Jaynesville Mo.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Susie Powellhead
 BIRTHPLACE OF MOTHER Jaynesville Mo.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Charley Steele
 (ADDRESS) Jaynesville Mo.

Filed Aug 17th 1912 W. E. Edge
 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16th, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from August 3rd, 1912, to August 16th, 1912,
 that I last saw her alive on August 16th, 1912,
 and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Auto-intoxication
119 B
107 69 B
 (Duration) ___ yrs. ___ mos. 13 ds.

Contributory (SECONDARY) _____
 (Duration) ___ yrs. ___ mos. 13 ds.

(Signed) Polina J. Gray M. D.
Aug. 16th 1912 (Address) Jaynesville

*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 1 yrs. 9 mos. 26 ds. In the State 1 yrs. 9 mos. 26 ds.
 Where was disease contracted if not at place of death? at place of death
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Jaynesville Cemetery DATE OF BURIAL Aug 17, 1912
 UNDERTAKER Booch & Bushaw ADDRESS Colia Mo.

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.)



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

PLACE OF DEATH
 County Pike
 Township Calumet
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 685 File No. 27182
 Primary Registration District No. 5909B Registered No. 32

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

FULL NAME Francis Carolina Steele

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>negro</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>July 21</u> , 191 <u>1</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>96</u> mos. <u>26</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Paynesville, Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Aug. 16, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 3rd, 1912, to Aug. 16, 1912, that I last saw her alive on Aug. 16, 1912, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Auto-intoxication
Secondary to Alcoholism
Complicated with Enteritis
 (Duration) _____ yrs. _____ mos. 13 ds.

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

(Signed) P. J. Guy M. D.
Aug. 16, 1912 (Address) Paynesville, 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. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
 If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL
Paynesville Cem. DATE OF BURIAL
Aug. 17, 1912

UNDERTAKER
Good & Buchanan ADDRESS
Colio, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Significant)
Charley Steele
Paynesville, Mo.
 (ADDRESS)

Original file date

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Be sure to state EXACTLY PHYSICAL OCCUPATION is very important.

Filed Oct 20, 1912

REGISTRAR

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.)