

RESERVED FOR BIRTH

PERMANENTLY, 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 Texas ✓
Township Roubidoux Registration District No. 867 File No. 31751
or Village _____ Primary Registration District No. 6147 Registered No. 12
or City _____ (NO. _____ St. _____ Ward _____)
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Margarite Kinnaird

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Infant
(Write the word)

DATE OF BIRTH Aug 12th, 1912
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 4 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) Texas

PARENTS NAME OF FATHER Chas. Eli Kinnaird

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

MAIDEN NAME OF MOTHER Bertha Mabel Moulton

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bedford Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Bertha Kinnaird

(ADDRESS) Corning Shade, Mo

Filed Aug-16, 1912. R. B. Lynch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Aug-13th, 1912, to Aug-16, 1912, that I last saw her alive on Aug 15, 1912, and that death occurred, on the date stated above, at 7:15 PM.

The CAUSE OF DEATH* was as follows:
Infantile Paralysis

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

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

(Signed) R. B. Talley M. D.
Aug-17, 1912 (Address) Plato 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 Long Hollow DATE OF BURIAL Aug 17, 1912

UNDERTAKER _____ ADDRESS _____

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, peritonaeum*, 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

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH
County Texas
Township Robidoux
or
Village
or
CityRegistration District No. 867 File No. 31751
Primary Registration District No. 6147 Registered No. 12
(NO. _____) (St. _____) (Ward _____)[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Margarite Kinnaird

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>Infant</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Aug. 12</u> , 19 <u>12</u> (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. <u>4</u> 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) <u>Texas Co.,</u>		

PARENTS	NAME OF FATHER <u>Chas. Eli Kinnaird</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Texas Co.,</u>
	MAIDEN NAME OF MOTHER <u>Bertha Mabel Moulton</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bedford, Iowa</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Bertha Kinnaird
(ADDRESS) Evening Shade, Mo.Filed Sept 16th 1912. R. B. Lynch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Aug. 16, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Aug. 13, 1912, to Aug. 16, 1912,
that I last saw her alive on Aug. 15, 1912,
and that death occurred, on the date stated above, at 7:15 p.m.

The CAUSE OF DEATH* was as follows:

Infantile paralysis
Pohomyelitis X
(Duration) _____ yrs. _____ mos. _____ ds.Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. B. Tilley X M. D.
Aug. 17, 1912 (Address) Plato, 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
Long Hollow
DATE OF BURIAL
Aug. 17, 1912
UNDERTAKER
not given X
ADDRESS _____ X

Original file, date.

SEP

1912 All information called for must be written on this Supplementary Certificate.

MARGIN LEAVING INK - THIS .

WRITE IN INK

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RECORD

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[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.)