

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

PLACE OF DEATH
County Greene

Township _____
or
Village _____
or
City Springfield (NO. St. John Hospital St. _____ Ward)

Registration District No. 318
Primary Registration District No. 2001

File No. 39001

Registered No. 714

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

FULL NAME Dora Madge Stone

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W. SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Dec 17 1880
(Month) (Day) (Year)

AGE 31 yrs. 11 mos. 26 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Mt Vernon Mo

PARENTS
NAME OF FATHER John Clark Stone
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mt Vernon Mo
MAIDEN NAME OF MOTHER Dora Belle Sanderson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mt Vernon

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J & W Perry
(ADDRESS) Springfield Mo

Filed Dec 13, 1912 Wilbur Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 4, 1912, to Dec 13, 1912, that I last saw her alive on Dec 13, 1912, and that death occurred, on the date stated above, at 546 p m.

The CAUSE OF DEATH* was as follows:
Acute Nephritis

130 (Duration) about one week yrs. mos. ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. mos. ds.
(Signed) J & W Perry M. D.
Dec 13 1912 (Address) Springfield 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 Mt. Vernon Mo DATE OF BURIAL Dec 14 1912
UNDERTAKER Paxson and Co. Hoban 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 health of various pursuits can be known. The question lies to each and every person, irrespective of how many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Composer*, *Architect*, *Locomotive engineer*, *Mechanic*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Fireman*, (b) *Automobile factory*. The material on the second line may form part of the second statement. Return "Laborer," "Foreman," "Manager," "Operator," etc., without more precise specification, as *Miner*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *School* or *At home*. Care should be taken to record specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 5 yrs.)*. For persons who have no occupation at the time of death, 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 term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "throat"); *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. "Contributory" (secondary or intercurrent) affection is not to be stated unless important. Example: *Measles (disease causing death), 29 ds.*; *Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or minimal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage, "PUERPERAL septicaemia," "PUERPERAL peritonitis," State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY which qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad 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.)