

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

PLACE OF DEATH 1
County New Madrid
Township Couma
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 605 File No. 40001
Primary Registration District No. 5804 Registered No. _____

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

FULL NAME Delia Isler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>single</u>
DATE OF BIRTH <u>Jan</u> (Month) <u>1</u> (Day) <u>1910</u> (Year)		
AGE <u>2</u> yrs. <u>11</u> mos. <u>X</u> ds. If LESS than 1 day, hrs. or min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Couma Mo</u>		
NAME OF FATHER <u>Emmett Glass</u>		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Nancy Grimes</u>		
MAIDEN NAME OF MOTHER <u>Nancy Grimes</u>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ind</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 16, 1912, to Dec 16, 1912, that I last saw him alive on Dec 16, 1912, and that death occurred, on the date stated above, at 5:30 pm.

The CAUSE OF DEATH* was as follows:
Phthisis

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. S. Blackman M. D.
Dec 17, 1912 (Address) Panna, 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 <u>Couma Mo</u>	DATE OF BURIAL <u>Dec 17</u> , 191 <u>2</u>
UNDERTAKER <u>Joe Light</u>	ADDRESS <u>Panna Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Geo Bird
(ADDRESS) Couma Mo
Filed Dec 17, 1912, E. S. Blackman
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, 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 state-

Never return "Laborer," "Foreman," "Manager," "ler," etc., without more precise specification, as *Day* or *Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), 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); *Pneumonia of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, 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 "Asthemia," "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.)