

WRITE PLAINLY, 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 of Ozark ✓
Township Bridges Registration District No. 645 File No. 2910749
or
Village _____ Primary Registration District No. 6854 Registered No. 645-
or
City _____ (NO. _____ St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jessamine Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH Nov the 23, 1913
(Month) (Day) (Year)

AGE 60 yrs. 5 mos. 4 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Barrens wife
(b) General nature of industry, business, or establishment in which employed (or employer) 9--()

BIRTHPLACE (City or town, State or foreign country) _____ ✓

PARENTS	NAME OF FATHER <u>Johnston Thompson</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill</u>
	MAIDEN NAME OF MOTHER <u>Licinda Hall</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
J. M. White
(Informant)

(ADDRESS) Barnesville Ind

Filed 3-31 1913 B H Hogard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March the 29-10, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 27, 1913, to March 30, 1913, that I last saw her alive on March 29, 1913, and that death occurred, on the date stated above, at 2 A. m.
The CAUSE OF DEATH* was as follows:

Lagrip
111
(Duration) _____ yrs. _____ mos. 5 ds.

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

(Signed) J. T. White M. D.
April 7 1913 (Address) Barnesville Ind

*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>Barnesville Ind</u>	DATE OF BURIAL <u>3-30</u> , 191 <u>3</u>
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UNDERTAKER <u>B H Wood</u>	ADDRESS <u>Barnesville</u>
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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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Ozark
Bridges

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

Township

Registration District No.

645

File No.

Village

Primary Registration District No.

5857

Registered No.

9

City

(NO.

St.

Ward)

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

FULL NAME

Josafius Roberts

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Male W. Married

DATE OF DEATH

March 30, 1913
(Month) (Day) (Year)

DATE OF BIRTH

Nov. 5, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

March 27, 1913, to March 30, 1913,

that I last saw him alive on March 29, 1913,

and that death occurred, on the date stated above, at 2 a.m.

AGE

60 yrs. 5 mos. 7 ds.
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:

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OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Ill.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

PARENTS

NAME OF FATHER

Jos. Thompson

BIRTHPLACE OF FATHER

Ill.

MAIDEN NAME OF MOTHER

Lucinda Hall

BIRTHPLACE OF MOTHER

Ill.

(Signed)

J. J. White M.D.
White Co. (Address) Cassville, 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

Cassville, Mo.

DATE OF BURIAL

3-30-13

UNDERTAKER

B. F. Wood

ADDRESS

Cassville, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Samuel Thompson

(ADDRESS)

Cassville, Mo.

Filed

3-30-13, B. F. Hogard

REGISTRAR

Original file, date 30. 1913. All information called for must be written on this Supplementary Certificate.

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

