

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 *Fortune*
County *Greene*
Township _____
or _____
Village _____
or _____
City *Springfield* (NO. *St. Johns Hospital*)

Registration District No. *318* File No. *12823*
Primary Registration District No. *2001* Registered No. *207*
Ward _____ [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME *Electa Wilson*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *W.* SINGLE MARRIED *married* WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH *Aug. 22, 1913*
(Month) (Day) (Year)

AGE *39* yrs. *1* mos. *1* ds. IF LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer) *G-O*

BIRTHPLACE (City or town, State or foreign country) *Georgia*

PARENTS
NAME OF FATHER *John Davis*
BIRTHPLACE OF FATHER (City or town, State or foreign country) *Georgia*
MAIDEN NAME OF MOTHER *Cluth Hall*
BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Georgia*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *J. W. M. Wilson*

(ADDRESS) *Tulsa Okla.*

Filed *April 23, 1913* *H. C. W. Smith* REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Apr 14, 1913*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *March 27, 1913*, to *April 14, 1913*, that I last saw her alive on *April 14, 1913*, and that death occurred, on the date stated above, at *3 A.M.*
The CAUSE OF DEATH* was as follows:

menia
1700
1500
(Duration) _____ yrs. _____ mos. *24* ds.

Contributory *not known*
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *B. J. Fortner* M. D.
4-14-1913 (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 *St. Johns Hosp.* In the of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. *14* ds.

Where was disease contracted if not at place of death?

Former or usual residence *Tulsa Okla.*

PLACE OF BURIAL OR REMOVAL *Tulsa, Oklahoma* DATE OF BURIAL *April 16, 1913*

UNDERTAKER *W. C. Lohmeyer, 305 W. Walnut St* 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*, *Compositor*, *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*, *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 "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 Kennett

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

Township _____

Registration District No. 311

File No. f.

Village _____

Primary Registration District No. 2001

Registered No. 209

City Springfield

(NO. St. Johns Hospital)

Ward _____

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

FULL NAME Electa Wilson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Apr. 14, 1913
(Month) (Day) (Year)

DATE OF BIRTH Aug 22, 1873
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 27, 1913, to Apr. 14, 1913.

AGE 39 yrs. 8 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.

that I last saw her alive on Apr. 14, 1913.

and that death occurred, on the date stated above, at 39 m.

OCCUPATION (a) Trade, profession, or particular kind of work Satisfactory Information Supplied.

The CAUSE OF DEATH* was as follows:

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

Wremia
Acute Nephritis

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

(Duration) yrs. mos. 2 ds.

NAME OF FATHER _____

Contributory not known
(SECONDARY)

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

(Duration) yrs. mos. ds.

MAIDEN NAME OF MOTHER _____

(Signed) B.P. Portner M. D.
4114, 1913 (Address) Springfield

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

*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) Satisfactory Information Supplied.

(Informant) W.M. Williams

At place of death ___ yrs. ___ mos. ___ ds. In the ___ yrs. ___ mos. ___ ds. State ___ yrs. ___ mos. ___ ds.

(ADDRESS) Tulsa Okla.

Where was disease contracted If not at place of death? _____

Filed June 7, 1913 J.D. C.W. Smith

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Satisfactory Information Supplied. DATE OF BURIAL _____ 1913

UNDERTAKER _____ ADDRESS _____
Satisfactory Information Supplied.

Original file. date. Apr 14, 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.

SUPPLEMENTARY Information Supplied.

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*" ("*Con-genital*," "*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.)

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