

1 PLACE OF DEATH.

County Vernon

Township _____

City Richards No. _____ street, _____ Ward.

STATE OF KANSAS.

STATE BOARD OF HEALTH.

STANDARD CERTIFICATE OF DEATH.

Registered No. 39972

2 FULL NAME Hanna Jane Furland

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

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

3 Sex. Female 4 Color or Race. White 5 Single, Married, Widowed, or Divorced. Widowed
(Write the word.)

6 Date of Death. Dec 31 1915
(Month) (Day) (Year)

7 Date of Birth. Nov 14 1888
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1915, to Dec 31 1915,

8 Age. 87 yrs. 1 mos. 17 da. IF LESS than 1 day, ___ hrs. or ___ min.?

that I last saw her alive on Dec 31 1915, and that death occurred, on the date stated above, at 2 P.M.

9 Occupation. Housewife
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH,* was as follows:
Bronchial Pneumonia
11A
107A

10 Birthplace. Ill. N.Y.
(State or country).

Contributory La Grippe
(Secondary). (Duration) yrs. mos. da. 7 da.
(Signed) R O Crane M. D.
Dec 31 1915 (Address) Richards Mo

11 Name of Father. Isaac Bunnell

12 Birthplace of Father. N.Y.
(State or country).

13 Maiden name of Mother. Not obtainable

14 Birthplace of Mother. N.Y.
(State or country).

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15 The above is true to the best of my knowledge.

(Informant) Joy Bunnell
(Address) Richards Mo

18 Length of Residence (For hospitals, institutions, transients, or recent residents).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted. If not at place of death?
Former or usual residence.

16 Filed Dec 31 1915 - RO Registrar.

19 Place of Burial or Removal. Peoria Ill Date of Burial. Jan 2 1916

20 Undertaker. Orlando Cheney Address. 18 Scott St

PHYSICIANS should state exactly how the disease was contracted, and the exact statement of OCCUPATION is very important. It should be properly classified. Exact statement of OCCUPATION is very important. It should be properly classified.

3-5380

STATE BLD
INSURANCE

PHYSICIAN EXAMINER
OCCUPATION

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 *Nona*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with

respect to time and causation), using always the accepted term for the same disease. Examples: *Epidemic 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.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be correct. Every item of information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain English. Exact statement of OCCUR. TIME, PLACE, and MANNER should be given.

PLACE OF DEATH
Vernon

County
Township
Village
City

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

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

Registration District No. 876
Primary Registration District No. 4529
File No.
Registered No. 10
St. (Ward)

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

FULL NAME
Hanna Jane Ferland

PERSONAL AND STATISTICAL PARTICULARS

SEX
COLOR OR RACE
SINGLE MARRIED WIDOWED OR DIVORCED

DATE OF BIRTH
(Month) (Day) (Year)

AGE
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)

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

Filed Dec 31, 1915
R. O. Laurie
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Dec 31, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
191 to 191
that I last saw him alive on 191
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.
(Signed) M. D.
(Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 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.

19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL
191
20 UNDERTAKER
ADDRESS

Original file, date Dec 15, 1915 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

39972

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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 inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29ds.; *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.)