

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

1 PLACE OF DEATH

County Shelby
Township Fayette
or
Village
or
City (NO. St. Ward)

Registration District No. 833 File No. 30166
Primary Registration District No. 6096 Registered No. 21

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

2 FULL NAME Caroline Susan Garnett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)

6 DATE OF BIRTH April 1 1857
(Month) (Day) (Year)

7 AGE 65 yrs. 4 mos. 29 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9 BIRTHPLACE (City or town, State or foreign country) Marian Co Mo

PARENTS
10 NAME OF FATHER Leonard Heflet
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Va
12 MAIDEN NAME OF MOTHER Elizabeth Green
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Moscol Garnett
(Address) Leonard Mo

15 Filed Aug 30 1916 E. N. Gerard
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 29 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 27 1916 to Aug 29 1916, that I last saw him alive on Aug 29 1916 and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:
Disease of Gall bladder
12 1/2
12 1/4 (Duration) 5 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) E. N. Gerard M. D.
Aug 30 1916 (Address) Leonard

*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 Garnett Fayette DATE OF BURIAL Aug 30 1916

20 UNDERTAKER Lon Smith ADDRESS Leonard

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*, *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.)

N. B.—A CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. Fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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1 PLACE OF DEATH

County Shelby
 Township Taylor
 or
 Village
 or
 City (NO St. Ward)

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

Registration District No. 833 File No.
 Primary Registration District No. 6096 Registered No. 21

2 FULL NAME Caroline Susan Garnett

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>April 1 1851</u> (Month) (Day) (Year)		
7 AGE <u>65</u> yrs. <u>4</u> mos. <u>29</u> ds.	If LESS than 1 day..... hrs. or..... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Marion Mo</u>		
PARENTS	10 NAME OF FATHER <u>Leonard Pilet</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Va</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Green</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 29 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 27 1916 to Aug 29 1916, that I found her alive on Aug 29 1916 and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:
Disease of gall bladder.
Gall stones. Death result
of gallstone colic suppurative
undisruptured gall bladder filled by calculus
 (Duration) 3 yrs. 27 mos. ds.

CONTRIBUTORY (Secondary)
 (Duration) 14 yrs. 4 mos. ds.
 (Signed) E. N. Gerard M. D.
Aug 30 1916 (Address) Leonard Mo

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 <u>Garnett grave yd</u>	DATE OF BURIAL <u>Aug 30 1916</u>
20 UNDERTAKER <u>Leon Smith</u>	ADDRESS <u>Leonard Mo</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Moscar Garnett
 (Address) Leonard Mo

15 Filled Oct 5 1916 E. N. Gerard
 Registrar

Revised United States Standard Certificate of Death

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Association]

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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), 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 septichaemia," "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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