

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

1 PLACE OF DEATH

County St. Francois
Township _____
or _____
Village _____
or _____
City Elvins (NO. _____ St. _____ Ward _____)

Registration District No. 772 File No. 233210
Primary Registration District No. 4463 Registered No. 8310

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

2 FULL NAME Thelma Marie Daugherty

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 25 1915
(Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 28 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Child
(b) General nature of industry business or establishment in which employed (or employer) X

9 BIRTHPLACE (City or town, State or foreign country) St. Francois Mo

PARENTS
10 NAME OF FATHER Wm J Daugherty
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
12 MAIDEN NAME OF MOTHER Pearl Coon
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.J. Daugherty
(Address) Elvins Mo

15 Filed _____, 191____, _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 22 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 15 1916 to Sept 22 1916, that I last saw her alive on Sept 21 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:
Chronic dysentery
measles
(Duration) X yrs. 3 mos. X ds.

CONTRIBUTORY (Secondary) measles
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Edw. B. Rohrbach M. D.
Sept 23 1916 (Address) 7 East River 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 Elvins Cemetery DATE OF BURIAL 9-23 1916

20 UNDERTAKER Joe Diemer ADDRESS Elvins Mo

N. B. CAUSE OF DEATH in plain terms, and any statement of OCCUPATION is very important.

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.)

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CERTIFICATE OF DEATH

1 PLACE OF DEATH

County St. Francois

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

Township

Registration District No. 772

File No.

Village

Primary Registration District No. 463

Registered No.

City Evans

No.

St.

Ward

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

2 FULL NAME Thelma Marie Daugherty

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F

4 COLOR OR RACE W.

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word) S.

16 DATE OF DEATH

(Month)

(Day)

(Year)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

17

(I HEREBY CERTIFY, that I attended deceased from

191

7 AGE

IF LESS than
1 day.....hrs.
or.....min.?

to..... 191

that I last saw h..... alive on..... 191

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

The CAUSE OF DEATH* was as follows:

8 OCCUPATION

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

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

9 BIRTHPLACE

(City or town,
State or foreign country)

10 NAME OF
FATHER

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

12 MAIDEN NAME
OF MOTHER

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 9/23 1916

U. C. Rice
Registrar

CONTRIBUTORY

(Secondary)

(Duration)

mos.

ds.

(Duration)

yrs.

mos.

ds.

(Signed)

M. D.

191

(Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state
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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 SEP 1916, 19.....

All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY Satisfactory Information Supplied

Every item of information should be carefully supplied. If AGE is not stated by entry, any entry, NAMES should state OF SEX, COLOR, RACE, etc. properly classified. See statement of SPECIAL INSTRUCTIONS is very important.

THIS IS A PERMANENT RECORD

Revised United States Standard Certificate of Death

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

32210

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