

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

1 PLACE OF DEATH

County Bollinger Registration District No. 67 File No. 12113
 Township Vernon or ~~Village~~ Waples Mo. Primary Registration District No. 57029 Registered No. 6
 City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Violet Shell.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
6 DATE OF BIRTH (Month) (Day) 1 (Year)		
7 AGE <u>4 yrs. 2 mos. 7 ds.</u>		IF LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>-</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Waples Mo.</u>		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER <u>Clola Shell</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Galum Mo.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. S. Shell</u> (Address) <u>Waples Mo.</u>		
15 Filed <u>May 2</u> 191 <u>8</u> <u>W. S. Sanders</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 16, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr. 6, 1918, to Apr. 15, 1918, that I last saw her alive on Apr. 15, 1918, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:
diphtheria complicated with pneumonia
10
108 (Duration) yrs. mos. 9 ds.

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

(Signed) J. M. Ramsey M. D.
Apr. 15, 1918 (Address) Whitewater 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>Waples Cemetery</u>	DATE OF BURIAL <u>Apr. 17</u> , 191 <u>8</u>
20 UNDERTAKER <u>A. R. Lester</u>	ADDRESS <u>Lesterville</u>

N. 37- Every item of information should be carefully checked for accuracy. CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE IN

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) *Colton 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*, *peritonaeum*, 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 "*Ashtenia*," "*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 child-birth or miscarriage, as "*PUERPERAL septicæmia*," "*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.)

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

UNRECORDED. If printed, it should be stated EXACTLY. PHYSICIANS should state the name of the disease in full. (M.D.)

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

1 PLACE OF DEATH

County Bollinger
Township or Village or City Maize

Registration District No. 67 File No. _____

Primary Registration District No. 5102R Registered No. 6

City (NO. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Violet Shell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S

6 DATE OF BIRTH Feb 6 1913
(Month) (Day) (Year)

7 AGE 6 yrs 2 mos 9 ds IF LESS than 1 day... hrs... min.?

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) Paducah Mo

10 NAME OF FATHER Colwell Jenkins

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

12 MAIDEN NAME OF MOTHER Clara Shell

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Clara Shell (Address) Paducah Mo

15 Filed _____ 191_____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 9 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 9 1918 to Apr 16 1918, that I last saw her alive on Apr 15 1918 and that death occurred, on the date stated above.

The CAUSE OF DEATH* was as follows:
Diphtheria Complicated with Pneumonia Lobar Pneumonia 115
(Duration) _____ yrs _____ mos _____ ds

CONTRIBUTORY (Secondary) diphtheria
(Duration) _____ yrs _____ mos _____ ds
(Signed) M. W. Ramsey M. D. (Address) Paducah 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 _____ 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 _____

See Vol. 1 Information Supplied

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"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, 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.)