

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

1 PLACE OF DEATH

County: Adair  
Township: Salt River  
or  
Village: \_\_\_\_\_  
or  
City: \_\_\_\_\_ (NO \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 1  
Primary Registration District No. 3001

File No. 37792  
Registered No. 10

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

2 FULL NAME Mary Ellen Jentz

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) Single

16 DATE OF DEATH 2 Nov 19, 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH Feb 16 1902  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 14, 1918, to Nov 19, 1918, that I last saw her alive on Nov 19, 1918,

7 AGE 16 9 3 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

and that death occurred, on the date stated above, at 6 P m.

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

The CAUSE OF DEATH\* was as follows:

Influenza  
10  
(Duration) yrs. mos. ds.

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

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

10 NAME OF FATHER Sylvester Jentz

(Signed) H. M. B... M. D.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Macon Co. Mo.

Nov 18, 1918. (Address) Adair Co. Mo.

12 MAIDEN NAME OF MOTHER Julia Mitty

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

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Adair Co. Mo.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Sylvester Jentz  
(Address) Kirkville Mo.

Where was disease contracted if not at place of death?

15 Filed Nov 20, 1918 H. M. B... Registrar

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cemetery DATE OF BURIAL 11/20, 1918

20 UNDERTAKER J. R. Eastby ADDRESS Brookfield Mo.

N. B.—Every item of information should be carefully supplied. Where the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

# Revised United States Standard Certificate of Death

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

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative health-arious pursuits can be known. The question of each and every person, irrespective of age, should be stated on a single word or term on the first line, sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Fireman*, etc. But in many cases, especially in irregular employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry and therefore an additional line is provided for statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The occupation may form part of the second statement, as *Laborer*, "Foreman," "Manager," etc., without more precise specification, as *Day laborer*, *Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (as *Housekeepers* who receive a definite salary), should be stated as *Housewife, Housework*, or *At home*, and if gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations engaged in domestic service for wages, as *Servant*, *Housemaid*, etc. If the occupation has been given up on account of the DISEASE CAUSING DEATH, state the occupation at beginning of illness. If re-employment, that fact may be indicated thus: *Employed, 6 yrs.* For persons who have no occupation, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote cause and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic 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.)