

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

1 PLACE OF DEATH

County Howard  
Township Franklin  
or Franklin  
Village Franklin  
or Franklin  
City Franklin (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 380 File No. 39359  
Primary Registration District No. 5530 Registered No. 23

2 FULL NAME Miss Calgia Alley Marie Petlich

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 12<sup>th</sup> 1914  
(Month) (Day) (Year)

7 AGE 14 yrs. 7 mos. - ds. If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Howard Co -

PARENTS  
10 NAME OF FATHER Leone R Petlich  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Cooper Co  
12 MAIDEN NAME OF MOTHER Dona E Wasson  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Howard Co Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J R Petlich  
(Address) Franklin Mo

15 Filed Nov 13 1918 J B Slett Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 17<sup>th</sup> 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 8, 1918, to Nov 12, 1918, that I last saw her alive on Nov 12, 1918, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Diabetes  
59  
121  
(Duration) 120 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Chronic Nephritis  
(Duration) 110 yrs. - mos. - ds.  
(Signed) J B Slett M. D.  
Nov 21, 1918. (Address) New Franklin 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 Clark's Chapel DATE OF BURIAL Nov, 1918

20 UNDERLYING ADDRESS Franklin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact 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 important, so that the relative bus pursuits can be known. The each and every person, irrespecny occupations a single word or will be sufficient, e. g., *Farmer* or *Compositor*, *Architect*, *Locomotiveer*, *Stationary fireman*, etc. But ally in industrial employments, w (a) the kind of work and also business or industry, and thereine is provided for the latter l be used only when needed. inner, (b) *Cotton mill*; (a) *Sales-Foreman*, (b) *Automobile factory*. on may form part of the second eturn "Laborer," "Foreman," ;" etc., without more precise laborer, *Farm laborer*, *Laborer*—men at home, who are engaged ousehold only (not paid *House-* definite salary), may be entered work, or *At home*, and children, oyed, as *At school* or *At home*. n to report specifically the occuengaged in domestic service for *Cook*, *Housemaid*, etc. If the hanged 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 "*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.)