

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

1 PLACE OF DEATH

County Adair  
Township Winnebago  
or Cornettsville  
Village Cornettsville  
or  
City (NO. .... St. .... (Ward) .....

Registration District No. 3 File No. 44151  
Primary Registration District No. 5002a Registered No. 26

2 FULL NAME Golda Bell Stanley

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

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH 12 1 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH May 20 1895  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 28 1918 to Dec. 1 1918,  
that I last saw him alive on Dec. 1 1918,  
and that death occurred, on the date stated above, at ..... m.

7 AGE 23 yrs. 6 mos. 12 ds. IF LESS than  
1 day, .... hrs. or .... min.?

The CAUSE OF DEATH\* was as follows:  
Bronchial Pneumonia

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

110  
10  
(Duration) .... yrs. .... mos. 4 ds.

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

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

10 NAME OF FATHER Samuel Stanley

(Signed) J. E. Thomas M. D.  
Dec 2 1918 (Address) Novinger Mo

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

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

12 MAIDEN NAME OF MOTHER Marty Gates

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

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? .....

(Informant) Samuel Stanley  
(Address) Cornettsville

Former or usual residence. ....

15 Filed Dec 9 1918 J. E. Thomas  
Registrar

19 PLACE OF BURIAL OR REMOVAL Novinger Cem DATE OF BURIAL 12/1 1918

20 UNDERTAKER N B McElman ADDRESS Novinger Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. 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 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, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Cancer" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic nephritis*, etc. The contributory (secondary or recurrent) affection need not be stated if 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.)