

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

PLACE OF DEATH

County Cass  
Township Adair  
Village \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1150 File No. 3002A  
Primary Registration District No. 5169 Registered No. 2

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

FULL NAME Fannie Reeves

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE Ch SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF DEATH Feb 20, 1919  
(Month) (Day) (Year)

DATE OF BIRTH don't know about 1909  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 7, 1919, to 27 20, 1919, that I last saw h. alive on 27 20, 1919, and that death occurred, on the date stated above, at 2 a.m.  
The CAUSE OF DEATH\* was as follows:

AGE 80 yrs. mos. ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

Old age she died with out medical aid. I was just taking  
(Duration) yrs. mos. ds. 18

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

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Mo

(Signed) W H Reno a friend M. D. \_\_\_\_\_ 191\_\_\_\_ (Address) Sagrada Mo

NAME OF FATHER Flippen

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

BIRTHPLACE OF FATHER (City or town, State or foreign country) don't know

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At 36 Reno  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

MAIDEN NAME OF MOTHER Flippen

Where was disease contracted If not at place of death? x

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

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W H Reno  
(ADDRESS) Sagrada Mo

PLACE OF BURIAL OR REMOVAL Cable Cemetery DATE OF BURIAL Feb 21, 1919

Filed 1-5- 1919 W H Baughman REGISTRAR

UNDERTAKER M R Hall ADDRESS Sagrada Mo

case of her

[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.)