MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 32254

File No. ~~[illegible]~~

Registered No. 13

1 PLACE OF DEATH

County: Adair

Township: Salt River

or

Village:

or

City: (NO. , St.; Ward)

Registration District No.: One

Primary Registration District No.: 5001

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

2 FULL NAME Goldie Helen Sykes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Sing'l

6 DATE OF BIRTH: Feb (Month) 21 (Day), 1914 (Year)

7 AGE: 5 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

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

9 BIRTHPLACE (City or town, State or foreign country): Kirksville, Mo.

PARENTS

10 NAME OF FATHER: Chas Sykes

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

12 MAIDEN NAME OF MOTHER: Hattie Roberts

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Chas Sykes
(Address): Kirksville, Mo.

15 Filed Nov 21, 1919 F. W. Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 20 (Day), 1919 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 20, 1919, to Nov 20, 1919, that I last saw her alive on Nov 20, 1919, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

1 Diphtheria

(Duration) ....yrs. ....mos. 2 ds.

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

(Signed) H. M. Kennedy M. D.

Nov 21, 1919 (Address) Bracken 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: Union Cemetery

DATE OF BURIAL: 11/22, 1919

20 UNDERTAKER: F. R. Easley

ADDRESS: Bracken, Mo.

Revised United States Standard Certificate of Death

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

ment of occupation.—Precise statement of oc- s very important, so that the relative health- various pursuits can be known. The question each and every person, irrespective of age. occupations a single word or term on the first ce sufficient, e. g., *Farmer* or *Planter, Physician, r, Architect, Locomotive engineer, Civil engineer, fireman*, etc. But in many cases, especially in employments, it is necessary to know (*a*) the ork and also (*b*) the nature of the business or and therefore an additional line is provided for statement; it should be used only when needed. les: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman, ry;* (*a*) *Foreman*, (*b*) *Automobile factory*. The worked on may form part of the second state- lever return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household t paid *Housekeepers* who receive a definite salary), entered as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. ould be taken to report specifically the occupations ns engaged in domestic service for wages, as *Serv- ok, Housemaid*, etc. If the occupation has been or given up on account of the DISEASE CAUSING state occupation at beginning of illness. If re- om business, that fact may be indicated thus: (*retired, 6 yrs.*) For persons who have no occu- whatever, write *None*.

tement of cause of death.—Name, first, the CAUSING DEATH (the primary affection with re- time and causation), using always the same term for the same disease. Examples: *Cere- l fever* (the only definite synonym is "Epidemic pinal meningitis"); *Diphtheria* (avoid use of "); *Typhoid fever* (never report "Typhoid pneu-); *Lobar pneumonia; Bronchopneumonia* ("Pneu- unqualified, is indefinite); *Tuberculosis of lungs, s, 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 *septichaemia*," "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.)