

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31, 1919

1. PLACE OF DEATH

County Jackson
Township Jackson
City JEP

Registration District No. 999
Primary Registration District (No.) 1102
City (No.) St Joseph Hoop

File No.
Registered No. 500
St. Ward)

2. FULL NAME

(a) Residence No. St Joseph Hoop St., Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17th 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 3 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) St Joseph Hoop
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stonewall
(STATE OR COUNTRY) Okla

10. NAME OF FATHER R.E. Dickson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ask
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Georgia Dills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Via
(STATE OR COUNTRY)

14. INFORMANT Mrs Georgia Dickson
(Address) Bruder Ln

15. FILED 3/14 19 M.M. Crowe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/13/23 19

17. I HEREBY CERTIFY, That I attended deceased from 3/4 to 3-13-1923 that I last saw h. alive on March 12 1923, and that death occurred, on the date stated above, at 1302

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eurhythmia

10 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: K.E. No

DID AN OPERATION PRECEDE DEATH? DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Samuel D. Black, M. D.
11 2, 1923 (Address) St Joseph Hoop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ship
Bruder Ln DATE OF BURIAL 3/14/23

20. UNDERTAKER H.F. Mayberry ADDRESS City

K. B.—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.

WHITE PAPER, WITH CONTINUING INFORMATION IS A PERMANENT RECORD

vised United States Standard Certificate of Death

vised by U. S. Census and American Public Health
Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The information applies to each and every person, irrespective of age. For many occupations a single word or on the first line will be sufficient, e. g., *Farmer* or *Teacher*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. In many cases, especially in industrial employment, it is necessary to know (a) the kind of work and (b) the nature of the business or industry, therefore an additional line is provided for the statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the detailed statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more specific specification, as *Day laborer*, *Farm laborer*, *Miner*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid help who receive a definite salary), may be recorded as *Housewife*, *Housework* or *At home*, and when 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 an occupation has been changed or given up on the date of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer* (re-6 yrs.) For persons who have no occupation ever, write *None*.

Statement of Cause of Death.—Name, first, of the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Scarlet fever* (the only definite synonym is *Hemorrhagic cerebrospinal meningitis*); *Diphtheria* (never report 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; a void use of "Tumor" for malignant neoplasma); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.