Missouri

STATE OF ~~ILLINOIS~~ ORIGINAL

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

10336

Registered No. 9

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

1. PLACE OF DEATH

County St Genevieve Co

Township or Road Dist. Beaumont

or Incorp. Town or Village

or City ..... No. ....., ... St.; ..... Ward

Registration Dist. No. 781

Primary Dist. No. 6027

2. FULL NAME Bernette J Morison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): 2

6. DATE OF BIRTH: Oct 3, 1920 (Month) (Day) (Year)

7. AGE: 2 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. OR ..... min.

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

9. BIRTHPLACE (State or country): Fista Mo

PARENTS

10. NAME OF FATHER: Kinley Morison

11. BIRTHPLACE OF FATHER (State or country): Perryville Mo

12. MAIDEN NAME OF MOTHER: Mary A Bieser

13. BIRTHPLACE OF MOTHER (State or country): St Genevieve Co Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kinley Morison

(Address) St Marys

15. Filed March 10th, 1923 Geo M Clark Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 10, 1923 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1923 to Mar 10, 1923

that I last saw her alive on Mar 10, 1923

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

11A

107A

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

Contributory (Secondary) Influenza

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

(Signed) W H Abernathy, M. D.

(Address) St Marys Mo

Date ....., 191.... Telephone .....

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: Oxford Mo

DATE OF BURIAL: Mar 11, 1923

20. UNDERTAKER: John Rond

ADDRESS: St Marys Mo

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. 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.

Has decedent ever served in military or naval service of U. S.? .....

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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 "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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichæmia*," "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.)

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.
Accident—Nature of (Coroner)?
Albuminuria—Disease causing?
Angina—Was it scarlet fever or diphtheria?
Ascites—Disease causing?
Asphyxia—Accidental, suicidal—cause?
Asthenia—State cause.
Atrophy—Cause of—tuberculosis, syphilis?
Auto { infection, intoxication } Cause of?
Bowel trouble—Name disease: diarrhœa, dysentery, enteritis, strangulation?
Blood poisoning—State cause.
Bottle feeding—What disease resulted?
Breaking down—What disease?
Cachexia—Cancer, syphilis, tuberculosis, malarial?
Cardiac { Asthenia, Debility, Failure, Weakness } Not accepted.
Collapse—From what?
Cold—Not accepted.
Childbirth—Physiological—what caused death?
Cellulitis—Give location and cause.

Coma—Cause { alcoholic?, opium, etc.? }
Convulsions—Cause { epileptic—puerperal?, children, diarrhœa—enteritis? }
Cramps—State cause of.
Cyanosis—Cause of.
Decline—State cause of.
Debility—From what disease?
Delirium { alcoholic?, traumatic? }
Dentition—Disease causing death?
Dropsy—Name disease causing.
Dyspepsia—What organic disease?
Eclampsia—State cause of convulsions.
Emphysema—State cause.
Exhaustion—State cause of.
External violence—What kind of?
Failure of vital powers—What disease?
Feebleness—What disease?
Gastritis—State cause of.
Heart failure—See cardiac.
Hemorrhage—What part, and cause?
Inanition—Cause of?
Insolation (under 24 hours) (Coroner)?
Jaundice—Disease causing?

Laparotomy—For what disease?
Malnutrition—Cause of?
Marasmus—What disease?
Milk infection { diarrhœa?, enteritis? }
Miscarriage—State cause of.
Nervous { exhaustion, fever, shock } State disease
Operation—State part, and disease.
Old age—What disease?
Peritonitis—Cause of?
Pernicious anemia { malarial?, tuberculosis?, syphilis, etc.? }
Pyaemia—Cause of?
Septicæmia—Cause of?
Shock—From what?
Surgical { operation, shock } State disease.
Syncope—State cause of.
Tetanus—State cause of.
Toxemia—State cause of.
Uremia—Acute or chronic nephritis?
Weakness—What disease?