SEP 25 1928

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

Do not use this space.

File No. 27096

Registered No. 17

1. PLACE OF DEATH
County Henry Registration District No. 3501
Township Deepwater Primary Registration District No. 3493
City Calhoun (No. ..... St. ..... Ward)

2. FULL NAME Isadore Bradburn

(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29		17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Deepwater
(STATE OR COUNTRY): Henry County Mo

PARENTS

10. NAME OF FATHER: Charles Fabricius
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Paris
(STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Emma Bridges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Ill

14. INFORMANT: Robert Brown
(Address): Deepwater

15. FILED Aug 29, 1928 J. H. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Aug 2, 1928, that I last saw h.is alive on Aug 2, 1928, and that death occurred, on the date stated above, at 10.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Tonsilitis
Acute Cystitis 7 days
(Duration) ..... yrs. ..... mos. 1 da.
CONTRIBUTORY (SECONDARY): Sporatic Dysentery
(duration) ..... yrs. ..... mos. 15 da.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)? Old Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. H. Howard, M. D
Aug 3, 1928 (Address) Deepwater

*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: Taylor Cemetery — DATE OF BURIAL: 8/5 1928

20. UNDERTAKER: Frank Leinartz — ADDRESS: Montrose

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of————(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *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 ca
approved by Committee on Nomencl
American Medical Association.)

NOTE.—Individual offices may add to above l
able terms and refuse to accept certificates con
Thus the form in use in New York City states:
will be returned for additional information whic
the following diseases, without explanation, as t
of death: Abortion, cellulitis, childbirth, convul
rhage, 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.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Henry Registration District No. 351 File No.
Township Fairview Primary Registration District No. 5492 Registered No. 17
City (No. St. Ward)

2. FULL NAME Isa Mae Brown
(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) M
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 13, 1899
7. AGE Years 29 Months 0 Days 17 If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant (Address)

15. Filed Aug 2 1928 J J Russell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Aug 2 1928
17. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.
The cause of death* was as follows:
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) ..., M. D
, 19 (Address)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19
20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

WRITE PLAINLY ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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