

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

27500

1. PLACE OF DEATH
 County Franklin Registration District No. 660
 Town Empire Primary Registration District No. 878
 City Empire (No.) St. Ward

2. FULL NAME Ruth Evelyn McChene
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED — (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 14

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) Geny Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Lewis McChene
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Geny Co. Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Cassie Holliday
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo
 (STATE OR COUNTRY)

14. INFORMANT Ruth E. McChene
 (Address) Empire Mo

15. FILED 87830 19 Nov 1930
John H. Young REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16-30
 17. I HEREBY CERTIFY That I attended deceased from 8-14-30 to 8-16-30, 1930
 that I last saw h. alive on 8-16-30, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Colitis
1198

CONTRIBUTORY (SECONDARY) 11513
 (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) J. H. Young M.D.
 (Address) Empire Mo
 *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 Brown Cemetery DATE OF BURIAL 8-18-1930

20. UNDERTAKER John H. Young ADDRESS Empire Mo

PARENTS

United States Standard Certificate of Death

(Census and American Public Health
Association.)

Occupation.—Precise statement of
y important, so that the relative
rious pursuits can be known. The
each and every person, irrespec-
many occupations a single word or
e will be sufficient, e. g., *Farmer or*
Compositor, Architect, Locomo-
Engineer, Stationary Fireman,
ases, especially in industrial em-
necessary to know (a) the kind of
re the nature of the business or in-
pre an additional line is provided
nent; it should be used only when
bles: (a) *Spinner, (b) Cotton mill,*
workshop, (a) Workman, (b) Auto-
material worked on may form
and statement. Never return
on," "Manager," "Dealer," etc.,
use specification, as *Day laborer,*
over—Coal mine, etc. Women at
aged in the duties of the house-
id *Housekeepers* who receive a
may be entered as *Housewife,*
home, and children, not gainfully
school or At home. Care should
specifically the occupations of
domestic service for wages, as
maid, etc. If the occupation
or given up on account of the
DEATH, state occupation at be-
If retired from business, that
dated thus: *Farmer (retired, 6*
who have no occupation what-

cause of Death.—Name, first, the
ATH (the primary affection with
d causation), using always the
for the same disease. Examples:
(the only definite synonym is
"Epidemic cerebrospinal meningitis"); *Diphtheria*
(avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-*
pneumonia ("Pneumonia," unqualified, is indefinite);
Tuberculosis of lungs, meninges, peritoneum, etc.,
Carcinoma, Sarcoma, etc., of ——— (name orig-
gin; "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 in-
tercurrent) affection need not be stated unless im-
portant. 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," "In-
anition," "Marasmus," "Old age," "Shock," "Ure-
mia," "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 de-
termine definitely. Examples: *Accidental drown-*
ing; struck by railway train—accident; Revolver wound
of head—homicide; Poisoned by carbolic acid—prob-
ably 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 unde-
sirable 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, hemor-
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.