

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
County <u>Berry</u>		BUREAU OF VITAL STATISTICS	
Township <u>White River</u>		Registration District No. <u>38</u>	File No. <u>19422</u>
or		Primary Registration District No. <u>5054</u>	Registered No. <u>14</u>
Village _____		City _____ (NO. _____)	St. _____ Ward _____
or		[If death occurred in a hospital or institution give its NAME instead of street and number]	
City _____		FULL NAME <u>Mrs Nellie Harris</u>	

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH— <u>Nov. 8, 1864</u> (Month) (Day) (Year)		
AGE <u>47</u> yrs. <u>4</u> mos. <u>17</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>gpo</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Jessville Ill.</u>		
PARENTS	NAME OF FATHER <u>Leuit Kucen</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Leuit Kucen</u>	
	MAIDEN NAME OF MOTHER <u>W. K.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>W. K.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>G W Gillmore</u>		
(ADDRESS) <u>Moro mo</u>		
Filed <u>6-10</u> 191 <u>2</u>	<u>G W Gillmore</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>July 26</u> (Month) (Day) (Year)	191 <u>2</u>
I HEREBY CERTIFY, that I attended deceased from <u>here</u> , 191 <u>2</u> , to <u>May</u> , 191 <u>2</u> , that I last saw <u>her</u> alive on <u>about June</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4 P.</u> m.	
The CAUSE OF DEATH* was as follows: <u>Disease of lungs</u> <u>231</u>	
Contributory <u>None</u> (Duration) ____ yrs. ____ mos. ____ ds.	
(Signed) <u>G W Gillmore</u> M. D. <u>May 27</u> 191 <u>2</u> (Address) <u>Carrollton Mo</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
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? <u>W. K.</u>	
Former or usual residence <u>Ill.</u>	
PLACE OF BURIAL OR REMOVAL <u>Moro Mo</u>	DATE OF BURIAL <u>5-27</u> 191 <u>2</u>
UNDERTAKER <u>Sam Gillmore</u>	ADDRESS <u>Mano Mo</u>

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*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, 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 septicaemia," "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.)



PLACE OF DEATH

County

Barry

Township

White River

Village

City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No.

38

File No.

19422

Primary Registration District No.

5054

Registered No.

14

(NO.

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Mrs Nellie Norris

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

COLOR OR RACE

*w*SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)*m.*

DATE OF BIRTH

mar 9 1864

(Month)

(Day)

(Year)

AGE

*47 yrs. 6 mos. 17 ds.*IF LESS than
1 day, hrs. or
or mins.

OCCUPATION

(a) Trade, profession, or particular kind of work

wife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Jersville Ill

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

G. H. Gillmore

(ADDRESS)

Marion Mo.

Filed

*6-10 1912**G. H. Gillmore*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 26 1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

May 1912, to *May 1912*that I last saw her alive on *June 1912*and that death occurred, on the date stated above, at *H.P.M.*

The CAUSE OF DEATH* was as follows:

*Tuberculosis of lungs.*about (Duration) *2* yrs. mos. ds.

Contributory

none

(Duration) yrs. mos. ds.

(Signed) *S. W. Chandler* M. D.*5-27 1912* (Address) *Carroll Mo.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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.

PLACE OF BURIAL OR REMOVAL

Marion Mo.

DATE OF BURIAL

5/27 1912

UNDERTAKER

Sam Gillmore

ADDRESS

Marion Mo.

Original file, date.

JUN

19

All information called for must be written on this Supplementary Certificate.

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.

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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 septicaemia," "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.)