

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.

PLACE OF DEATH <i>Greene</i>		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Boone</i>	Registration District No. <i>3196</i>	File No. <i>38969</i>
Township	<i>Boone</i>	Primary Registration District No. <i>9435</i>	Registered No. <i>29</i>
Village	<i>Boone</i>	St.:	Ward:
City	<i>Boone</i>	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <i>Eveline Coleman</i>			

PERSONAL AND STATISTICAL PARTICULARS		
SEX <i>Female</i>	COLOR OR RACE <i>Colored</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>Widow</i> (Write the word)
DATE OF BIRTH <i>May 1886</i> (Month) (Day) (Year)		
AGE <i>86</i> yrs. <i>7</i> mos. <i>7</i> ds.	IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Widow of farmer</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Farming</i>		
BIRTHPLACE (City or town, State or foreign country) <i>Henry Co - Tennessee</i>		
PARENTS	NAME OF FATHER <i>Robert Loe</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>unknown</i>	
	MAIDEN NAME OF MOTHER <i>unknown</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>unknown</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <i>J. L. Coleman</i>		
(ADDRESS) <i>Oak Grove MO</i>		
Filed <i>Dec. 14</i> 191 <i>2</i>	<i>Orms Smith</i> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <i>Dec. 13</i> , 191 <i>2</i> (Month) (Day) (Year)		
I HEREBY CERTIFY, that I attended deceased from <i>Dec. 10</i> , 191 <i>2</i> to <i>Dec. 13</i> , 191 <i>2</i> , that I last saw her alive on <i>Dec. 12</i> , 191 <i>2</i> , and that death occurred, on the date stated above, at <i>9:30 am</i> . The CAUSE OF DEATH* was as follows: <i>Pneumonia</i>		
(Duration) <i>1</i> yrs. <i>4</i> mos. <i>4</i> ds.		
Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.		
(Signed) <i>H. K. Conroy</i> M. D. <i>12/13</i> 191 <i>2</i> (Address) <i>Del. Grand</i>		
*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 <i>14</i> yrs. ___ mos. ___ ds. In the State <i>14</i> yrs. ___ mos. ___ ds.		
Where was disease contracted If not at place of death?		
Former or usual residence		
PLACE OF BURIAL OR REMOVAL <i>Ashegrove, Mo</i>		DATE OF BURIAL <i>Dec 14</i> 191 <i>2</i>
UNDERTAKER <i>CHANDLER-GALBRAITH FURNITURE</i>		ADDRESS <i>Ashegrove MO</i>

# 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, Composer, 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, 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.)



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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH  
County Greene  
Township Boone  
Village \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 316 File No. \_\_\_\_\_  
Primary Registration District No. 5435 Registered No. 29

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

FULL NAME Eveline Coleman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored SINGLE MARRIED widow WIDOWED OR DIVORCED (If rite the word)  
DATE OF BIRTH May 1826  
(Month) (Day) (Year)  
AGE 86 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Henry Co. Tenn.

PARENTS  
NAME OF FATHER Robert Love  
BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis  
MAIDEN NAME OF MOTHER St. Louis  
BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. L. Coleman  
(ADDRESS) Ash Grove, Mo.

Filed 2-11 1913 O. Cresswell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 10, 1912 to Dec. 13, 1912, that I last saw her alive on Dec. 12, 1912, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia (lobar)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (SECONDARY)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) H. K. Cowan M. D.  
12/13, 1912 (Address) Ash Grove

\*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 Ash Grove DATE OF BURIAL Dec. 14, 1912  
UNDERTAKER J. F. Kibben ADDRESS Ash Grove

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