

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

County St Francois

Township _____

Village Flat River Mo

City Flat River (NO. _____ St.; _____ Ward)

MISSOURI STATE BOARD OF
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 774

File No. 17580

Primary Registration District No. 4463

Registered No. 41

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

FULL NAME Rosie McBlanchon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH May 2, 1890
(Month) (Day) (Year)

AGE 23 yrs. 0 mos. 4 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

BIRTHPLACE
(City or town, State or foreign country) Seeth Co Mo

PARENTS
NAME OF FATHER H. Bizzell
BIRTHPLACE OF FATHER (City or town, State or foreign country) no history
MAIDEN NAME OF MOTHER no history
BIRTHPLACE OF MOTHER (City or town, State or foreign country) no history

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. G. McBlanchon
(ADDRESS) Esther Mo

Filed May 7, 1913 Dr Topping
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 15, 1913, to May 6th, 1913, that I last saw her alive on May 4, 1913, and that death occurred, on the date stated above, at 3³⁰ m. The CAUSE OF DEATH* was as follows:

Pneumonia
110A
107A

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

Contributory (SECONDARY) Emphysema
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. L. Hanes M. D.
May 7th 1913 (Address) Flat River 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 McBlanchon DATE OF BURIAL May 7, 1913

UNDERTAKER Runk ADDRESS Flat River Mo

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*, *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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH
County St. Francois
Township _____
or
Village _____
or
City Flat River (NO _____ St.: _____ Ward)

Registration District No. 77.4 File No. _____
Primary Registration District No. 4465 Registered No. 41

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

FULL NAME

Rosie McElanahan

PERSONAL AND STATISTICAL PARTICULARS

SEX Satisfactory Information Supplied. COLOR OR RACE _____ SINGLE MARRIED WIDOWED OR DIVORCED _____
(If write the word)

DATE OF BIRTH _____
(Month) _____ (Day) _____ (Year) _____
Satisfactory Information Supplied.

AGE _____
_____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
(a) Trade, profession, or particular kind of occupation
(b) General nature of industry, business, or establishment in which employed (or employer) _____
Satisfactory Information Supplied.

BIRTHPLACE
(City or town, State or foreign country) _____
Satisfactory Information Supplied.

PARENTS
NAME OF FATHER H. A. Pizzell
BIRTHPLACE OF FATHER St. Louis, Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER _____
(City or town, State or foreign country)
Satisfactory Information Supplied.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
(ADDRESS) Esther, Mo.

Filed _____ 1913 _____
REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1913
(Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw him alive on _____, 191____,
and that death occurred, on the date stated above, _____, 191____.
Satisfactory Information Supplied.

THE CAUSE OF DEATH* was as follows:

Pneumonia
Bronchial Pneumonia
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Epidemic
(SECONDARY) empyema
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. L. Haney M. D.
5/7, 1913 (Address) Flat River, 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 Satisfactory Information Supplied. DATE OF BURIAL _____, 191____

UNDERTAKER _____ ADDRESS Supplied.

Original file, date MAY 10 1913 19____ All information called for must be written on this Supplementary Certificate.

NOTE: Every item of information 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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)

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