

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

PLACE OF DEATH  
County Montana  
Township Luci  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 574 File No. 32068  
Primary Registration District No. 5712A Registered No. 10

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

FULL NAME Curliesta Depreast Ray

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE widowed  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH Sept 30, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Aug 9, 1833  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 24, 1911, to Sept 30, 1911, that I last saw her alive on Sept 29, 1911, and that death occurred, on the date stated above, at 2:30 a.m.

AGE 78 yrs. 1 mos. 21 ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)

Gastritis  
1180  
103  
(Duration) yrs. mos. 7 ds.

BIRTHPLACE (City or town, State or foreign country) North Carolina

Contributory (SECONDARY)

PARENTS  
NAME OF FATHER Joseph Copes  
BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina  
MAIDEN NAME OF MOTHER Lucinda Depreast  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carolina

(Signed) A. L. Meredith M. D.  
Sept 30, 1911 (Address) Jamestown Mo

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) William Ray  
(ADDRESS) Sandy Hook Mo

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

Filed Sept 30, 1911 A. L. Meredith  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Copes Cemetery DATE OF BURIAL Oct 1, 1911  
UNDERTAKER J. E. Williams ADDRESS Jamestown Mo

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.

# 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*, *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 Monterey

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

Township LinRegistration District No. 574

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 5777aRegistered No. 10

City \_\_\_\_\_ (NO. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

## FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED OR WIDOWED OR DIVORCED Widow  
(If wife the word)DATE OF BIRTH 8/9, 1833  
(Month) (Day) (Year)AGE 78 yrs. 1 mos. 21 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.OCCUPATION  
(a) Trade, profession, or particular kind of work none

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

BIRTHPLACE  
(City or town, State or foreign country) North CarolinaPARENTS  
NAME OF FATHER Joe. L. Loper  
BIRTHPLACE OF FATHER North Carolina  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Lucinda Depriest  
BIRTHPLACE OF MOTHER North Carolina  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Ray  
(ADDRESS) Sandy Hare MFiled Sept 30 1911 A. H. Meredith  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 30, 1911  
(Month) (Day) (Year)HEREBY CERTIFY, that I attended deceased from 9/24, 1911, to 9/30, 1911,  
that I last saw hu alive on 9/29, 1911,  
and that death occurred, on the date stated above, at 2:30 p. m.  
The CAUSE OF DEATH\* was as follows:  
Acute Gastritis XContributory  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) A. H. Meredith M. D.  
9/30, 1911 (Address) Parisstown

\*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 Looper Cem. DATE OF BURIAL 10-1, 1911UNDERTAKER J. E. Williams ADDRESS ParisstownOriginal file, date 9/30, 1911

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

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Association]

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*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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