

PLACE OF DEATH

County

Monteau

Township

Moreau Currie Fork

or

Village

or

City

(NO.

St.;

Ward)

FULL NAME

Emma Thompson

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

576

File No.

38580

Primary Registration District No.

5774

Registered No.

16

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

white

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

single

DATE OF BIRTH

5

(Month)

8

(Day)

1896

(Year)

AGE

15

yrs.

5

mos.

8

ds.

If LESS than
1 day, hrs.
or min.?

DATE OF DEATH

Oct

(Month)

16

(Day)

1911

(Year)

I HEREBY CERTIFY, that I attended deceased from *Oct 8th*, 1911, to *Oct 16*, 1911, that I last saw her alive on *Oct 16th*, 1911, and that death occurred, on the date stated above, at *3 P m.* The CAUSE OF DEATH* was as follows:

Diphtheria

10

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

J. E. Hildbrand

M. D.

1911

(Address)

Clean 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

Emm

DATE OF BURIAL

Oct 17th 1911

UNDERTAKER

J. A. Robinson

ADDRESS

Clean Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mary Thompson

(ADDRESS)

Clean Mo.

Filed

Nov 29 1911

W. H. Brink

REGISTRAR

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 Moniteau
 Township Moniteau
 or
 Village
 or
 City (NO. St. Ward)

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

Registration District No. 576 File No. 38580A
 Primary Registration District No. 5774 Registered No. 16

FULL NAME

Emma Thompson

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single
 DATE OF BIRTH 5 8 1896
 (Month) (Day) (Year)

AGE 15 yrs. 5 mos. 8 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS NAME OF FATHER Thomas Thompson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mountain Co. Mo.

MAIDEN NAME OF MOTHER Mary Stowe

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Moniteau Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Thompson
Oleon Mo.

(ADDRESS) Oleon Mo.

Filed Nov 29 1911 W. H. Finkle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 8 1911, to Oct. 16 1911, that I last saw her alive on Oct. 16 1911, and that death occurred, on the date stated above, at 3 P. m.
 The CAUSE OF DEATH was as follows:

Diphtheria

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

(Signed) J. S. Gilleland M. D.
Oct 16 1911 (Address) Oleon 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 Enon DATE OF BURIAL Oct. 17 1911

UNDERTAKER J. A. Robinson ADDRESS Oleon Mo.

Revised United States Standard Certificate of Death

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

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