

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.

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

PLACE OF DEATH Ray ✓
 County Ray
 Township Crooked River Registration District No. 740 File No. 17488
 or
 Village _____ Primary Registration District No. 5975 Registered No. 7
 or
 City _____ (NO. _____ St. _____ Ward _____)
 FULL NAME Electa Blanche Gibson [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 <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	DATE OF DEATH <u>May 26, 1913</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>November 26, 1887</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 17, 1913</u> , to <u>May 26, 1913</u> , that I last saw her alive on <u>May 25, 1913</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
AGE <u>25</u> yrs. <u>6</u> mos. <u>1</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>A Diffuse Sepsis following Stomach Ulcer.</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u>			(Duration) _____ yrs. <u>3</u> mos. _____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			Contributory <u>Malignant Oedema</u> (SECONDARY) (Duration) _____ yrs. _____ mos. <u>40</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Ray Co. Mo.</u>			(Signed) <u>Marwan Aramis</u> M. D. <u>W. A. Drayton</u> <u>May 27, 1913</u> (Address) <u>Hardin Mo.</u>	
PARENTS	NAME OF FATHER <u>Argyle T. Boggers</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ray Co. Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Stella F. Zimmerman</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ray Co. Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Hardin Cemetery</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. T. Boggers</u>			DATE OF BURIAL <u>May 28, 1913</u>	
(ADDRESS) <u>Hardin Mo.</u>			UNDERTAKER <u>C. O. Mausman</u>	
Filed <u>May 28, 1913</u> <u>M. Aramis</u> REGISTRAR			ADDRESS <u>Hardin 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*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, 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 *septicæmia*," "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

PLACE OF DEATH
 County Ray
 Township Crossed River Registration District No. 740 File No. _____
 or _____
 Village _____ Primary Registration District No. 5995 Registered No. 7
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

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

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

FULL NAME Electa Blanche Gibson.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX _____			COLOR OR RACE _____			SINGLE MARRIED WIDOWED DIVORCED (Write the word)			DATE OF DEATH _____, 191 <u>3</u>		
Satisfactory Information Supplied.			Satisfactory Information Supplied.			Satisfactory Information Supplied.			(Month) _____ (Day) _____ (Year) _____		
DATE OF BIRTH _____, 191 <u>3</u>			I HEREBY CERTIFY, that I attended deceased from _____, 191 <u>3</u> , to _____, 191 <u>3</u>			Satisfactory Information Supplied.			that I last saw h. _____ alive on _____, 191 <u>3</u>		
Satisfactory Information Supplied.			Satisfactory Information Supplied.			Satisfactory Information Supplied.			and that death occurred, on the date stated above, at _____ m.		
AGE _____ yrs. _____ mos. _____ ds.			If LESS than _____ hrs. _____ or _____ min.			The CAUSE OF DEATH* was as follows:			Injury sepsis following _____		
OCCUPATION (a) Trade, profession, or particular kind of work _____			Satisfactory Information Supplied.			Satisfactory Information Supplied.			throat		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			Satisfactory Information Supplied.			Satisfactory Information Supplied.			Furunculitis		
BIRTHPLACE (City or town, State or foreign country) _____			Satisfactory Information Supplied.			Satisfactory Information Supplied.			(Duration) _____ yrs. <u>3</u> mos. _____ ds.		
PARENTS	NAME OF FATHER _____		Satisfactory Information Supplied.			Satisfactory Information Supplied.			Contributory Malignant Oedema (SECONDARY)		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____		Satisfactory Information Supplied.			Satisfactory Information Supplied.			(Duration) _____ yrs. _____ mos. <u>40</u> ds.		
	MAIDEN NAME OF MOTHER _____		Satisfactory Information Supplied.			Satisfactory Information Supplied.			(Signed) <u>Marvin Green</u> M. D.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____		Satisfactory Information Supplied.			Satisfactory Information Supplied.			<u>5/27</u> , 191 <u>3</u> (Address) <u>Hardin, Mo</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____						* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.					
Satisfactory Information Supplied.						LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
(ADDRESS) _____						At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.					
Filed <u>July 1</u> , 191 <u>3</u> , <u>M. Green</u> REGISTRAR						Where was disease contracted if not at place of death? _____					
Original file, date <u>MAY</u> _____ 19 <u>13</u>						Former or usual residence _____					
All information called for must be written on this Supplementary Certificate						PLACE OF BURIAL OR REMOVAL _____			DATE OF BURIAL _____, 191 <u>3</u>		
Satisfactory Information Supplied.						Satisfactory Information Supplied.			UNDERTAKER _____		

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