

PLACE OF DEATH

County MoniteauTownship Harrison

Village _____

City _____ (NO. _____)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 576File No. 13834Primary Registration District No. 5773Registered No. 10

St. _____ Ward _____

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

FULL NAME Gerilda A. Simpson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
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DATE OF BIRTH

Aug. 6, 1872
(Month) (Day) (Year)

AGE

40 yrs. 7 mos. 7 ds.If LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Housework

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

x 9 0

BIRTHPLACE

(City or town, State or foreign country)

Moniteau Co. Mo.

PARENTS

NAME OF FATHER

Sam. M. Simpson

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Moniteau Co. Mo.

MAIDEN NAME OF MOTHER

Lucy Phillips

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas H. Nail

(ADDRESS)

High Point, Mo.

Filed

4-10-1913J. H. Finke

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mar 13, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 23, 1913, to Mar 13, 1913, that I last saw her alive on Mar 11, 1913, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis and inflammation of brain(Duration) ___ yrs. ___ mos. 20 ds.

Contributory

(SECONDARY)

(Duration) ___ yrs. ___ mos. 30 ds.

(Signed)

L. L. Latham

M. D.

Date Mar 13, 1913 (Address) Latham 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

J. O. O. F. Cemetery High Point, Mo.

DATE OF BURIAL

Mar 14, 1913

UNDERTAKER

Mrs. Baker

ADDRESS

Clean Mo.

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.

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. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Convulsions," "Debility" ("Congenital debility," "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "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.)

HUGH STEPHENS, JEFFERSON CITY.



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 Moniteau
 Township Harrison
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 576 File No. _____
 Primary Registration District No. 5773 Registered No. 10

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

FULL NAME Sirilda A. Simpson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) S.

DATE OF DEATH Mar. 13, 1913
 (Month) (Day) (Year)

DATE OF BIRTH Aug. 6, 1872
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 23, 1913, to Mar. 13, 1913, that I last saw her alive on 11, 1913, and that death occurred, on the date stated above, at 3 P. m.

AGE 40 yrs. 7 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Bronchitis + inflammation of brain due to La grippe
 (Duration) _____ yrs. _____ mos. 20 ds.

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

Contributory La grippe
 (SECONDARY) (Duration) _____ yrs. _____ mos. 30 ds.

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

PARENTS NAME OF FATHER Sam. R. Simpson
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Moniteau Co.
 MAIDEN NAME OF MOTHER Eggy Phillips
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

(Signed) L. L. Latham M. D.
March 13 1913 (Address) Latham 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 (Informant) Chas. H. Nail
 (ADDRESS) High Point Mo.

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 _____

Filed 4-10, 1913 L. H. Finke REGISTRAR

PLACE OF BURIAL OR REMOVAL J. O. F. Cem. High Pt. DATE OF BURIAL Mar. 14, 1913
 UNDERTAKER Wm. Baker ADDRESS Olean 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.

RECORD WITH ORIGINAL IN THIS IS A PERMANENT RECORD

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.)