

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.

PLACE OF DEATH
 County Saline
 Township _____ or Village _____
 City Marshall Mo. (NO. _____) St. _____ Ward _____
 Registration District No. 796 File No. 15776
 Primary Registration District No. 3038 Registered No. 47

FULL NAME Charlotte Crutchfield

(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>♀</u>	COLOR OR RACE <u>Negro</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>Mar</u> <u>30</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Mar</u> <u>15</u> , 18 <u>38</u> (Month) (Day) (Year)			I HEREBY CERTIFY that I attended deceased from <u>June 10</u> , 191 <u>1</u> , to <u>Mar 30</u> , 191 <u>2</u> , that I last saw her alive on <u>Mar 27th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>10</u> m. The CAUSE OF DEATH* was as follows: <u>Removal of bladder</u> <u>53 B</u> <u>53 E</u> <u>108 B</u>	
AGE <u>74</u> yrs. <u>0</u> mos. <u>15</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			(Duration) <u>1</u> yrs. <u>6</u> mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <u>Hemorrhage</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Virginia</u>			(Signed) <u>W. A. Hall</u> M. D. <u>Mar 9</u> , 191 <u>2</u> (Address) <u>Marshall</u>	
PARENTS	NAME OF FATHER <u>Dont Know</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>Dont Know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>Sarah Hall</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont Know</u>		Where was disease contracted if not at place of death? <u>1</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Former or usual residence _____	
(Informant) <u>Charles Crutchfield</u>			PLACE OF BURIAL OR REMOVAL <u>Fairview Cemetery</u> DATE OF BURIAL <u>April 1st</u> , 191 <u>2</u>	
(ADDRESS) <u>Marshall Mo.</u>			UNDERTAKER <u>Campbell & Shaffer</u> ADDRESS <u>Marshall Mo.</u>	
Filed <u>Apr 1</u> , 191 <u>2</u> <u>H. B. Putnam</u> 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 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.)



RECORD
COUNTY CLERK - THE

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

PLACE OF DEATH
County Saline
Township _____
or
Village _____
or
City Marshall Mo. (NO. _____ St.; _____ Ward)

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

Registration District No. 796 File No. 15776
Primary Registration District No. 3038 Registered No. 47

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

FULL NAME Charlotte Crutchfield

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) m.

DATE OF BIRTH Mar. 15, 1838
(Month) (Day) (Year)

AGE 74 yrs. 0 mos. 15 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Virginia

PARENTS
NAME OF FATHER Dont know
BIRTHPLACE OF FATHER (City or town, State or foreign country) ""
MAIDEN NAME OF MOTHER Sarah Mall
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Crutchfield
(ADDRESS) Marshall Mo.

Filed May 10 1917 A. C. Putnam
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 30, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 10, 1911, to Feb. 30, 1917, that I last saw him alive on Feb. 27, 1917, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:
Tumor of Bladder - 20 x 15
inverted and most
malignant
(Duration) 1 yrs. 6 mos. _____ ds.

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

(Signed) _____ M. D.
_____, 1917 (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Scidental, 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 Fairview Cemetery DATE OF BURIAL April 1, 1917
UNDERTAKER Campbell Shaffer ADDRESS Marshall Mo.

Original file, date _____ 19____

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

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.)