

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

CERTIFICATE OF DEATH

County Wodaway
Township Union
or
Village _____
or
City _____

Registration District No. 627 File No. 675
Primary Registration District No. 5829 Registered No. _____
(No. _____ St. _____ Ward _____)

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

FULL NAME Elizabeth Godsey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE Widow
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
DATE OF BIRTH Mar. 5, 1824
(Month) (Day) (Year)
AGE 85 yrs. 10 mos. 25 ds. If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION
(a) Trade, profession, or particular kind of work Farmers Aidon
(b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Jan. 30, 1910
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan. 24, 1910, to Jan. 29, 1910, that I last saw alive on Jan. 28, 1910, and that death occurred, on the date stated above, at 12 p.m.
The CAUSE OF DEATH* was as follows:
Infarct tumor of right
suprarenal gland

BIRTHPLACE (City or town, State or foreign country) Kentucky
NAME OF FATHER Isaac Rogers
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
MAIDEN NAME OF MOTHER Rogers
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

(Duration) ____ yrs. ____ mos. ____ ds.
Contributory (SECONDARY) Nothing
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) S. W. Large M.D.
Jan. 31, 1910 (Address) Hopkins, 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) J. J. Godsey
(ADDRESS) Bloomington, 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 Mar. 14, 1911 W. B. Skuyper REGISTRAR

PLACE OF BURIAL OR REMOVAL State Cal. Cem DATE OF BURIAL Jan. 31, 1910
UNDERTAKER Ch. Rayler ADDRESS Hopkins, 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.

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

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

PLACE OF DEATH
County Madison
Township Union
Village _____
City _____ (NO. _____) St. _____ Ward _____

Registration District No. 627
Primary Registration District No. 5829
File No. X 675
Registered No. 5829

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

FULL NAME Eligabeth Godsey

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widow</u> <small>(Write the word)</small>	DATE OF DEATH <u>Jan 30</u> , 19 <u>10</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>Mar 5</u> , 18 <u>24</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Jan 24</u> , 19 <u>10</u> , to <u>Jan 29</u> , 19 <u>10</u> , that I last saw her alive on <u>Jan 28</u> , 19 <u>10</u> , and that death occurred, on the date stated above, at <u>1 1/2</u> p. m.	
AGE <u>85</u> yrs. <u>10</u> mos. <u>25</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Fibroid tumor of right</u> <u>uterus</u> <u>54B</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmers widow</u> (b) General nature of Industry, business, or establishment in which employed (or employer)			_____ <small>(Duration) ___ yrs. ___ mos. ___ ds.</small>	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>			Contributory <u>nothing</u> <small>(SECONDARY)</small> <small>(Duration) ___ yrs. ___ mos. ___ ds.</small>	
PARENTS	NAME OF FATHER <u>Isaac Dowie</u>		(Signed) <u>S. L. Large</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>So. Carolina</u>		<u>Jan 31</u> , 19 <u>10</u> (Address) <u>Hopkins Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Rogers</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 MOTHER (City or town, State or foreign country) <u>unknown</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>J. T. Godsey</u>			Where was disease contracted If not at place of death?	
(ADDRESS) <u>Bloomington, Mo.</u>			Former or usual residence _____	
Filed _____, 19 <u>10</u>			PLACE OF BURIAL OR REMOVAL <u>White Oak Bur</u>	
REGISTRAR			DATE OF BURIAL <u>Jan 31</u> , 19 <u>10</u>	
			UNDERTAKER <u>Hayler</u>	
			ADDRESS <u>Hopkins 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, peritonaeum*, 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.)

HUGH STEPHENS, JEFFERSON CITY.



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{Approved by U. S. Census and American Public Health
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