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

File No. ~~16439~~ 13439

Registration District No. 411

Primary Registration District No. 2002

Registered No. ~~441~~ 120

PLACE OF DEATH

County: Jasper

Township: ~~[illegible]~~

or Village: Joplin

or City: Joplin, (No. 11 Johns St East; St.: ; Ward:)

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

FULL NAME Maude Ray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Sept 17, 1889 (Month) (Day) (Year)

AGE: 21 yrs. 9 mos. 2 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): Pogue Co Ark.

PARENTS
NAME OF FATHER: Henry Hankins
BIRTHPLACE OF FATHER (City or town, State or foreign country): Don't know
MAIDEN NAME OF MOTHER: Hankins
BIRTHPLACE OF MOTHER (City or town, State or foreign country): North Alabama

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary J Hankins

(ADDRESS) 11 John St

Filed May 30, 1910 Daniel R Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 30 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from May 30, 1910, to May 30, 1910, that I last saw her alive on May 30, 1910, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart.

92 H.

1 H. (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (Secondary) Child Birth (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Daniel R Hill M. D.

May 30, 1910 (Address) 420 Main

*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~~: Turner

DATE OF BURIAL: 5-31-1910

UNDERTAKER: Hurlburt

ADDRESS: Aurora

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise sta ement of occupatio is very important, so that the r lative healthfulness of various pursuits can be know . The question applies to each and every person, i respective of age. For many occupations a single wor l or term on the first line will be sufficient, e. g., *Farm or Planter, Physician, Compositor, Architect, Locomo ive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employment 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 tatement; it should be used only when needed. As e amples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* he material worked on may form part of the secon statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci ication, 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, 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 *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.