

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>married</i> (Write the word)	DATE OF DEATH <i>Mar 6</i> 1910 (Month) (Day) (Year)		
DATE OF BIRTH <i>April 9-1850</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>March 14</i> , 1910, to <i>March 14</i> , 1910, that I last saw her alive on <i>March 14</i> , 1910, and that death occurred, on the date stated above, at <i>2 A</i> m. The CAUSE OF DEATH* was as follows:		
AGE <i>59 years 10 months 27 days</i> yrs. mos. ds.			If LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION <i>house keeping</i> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed. (or employer)			LABOR PNEUMONIA <i>108</i> (Duration) yrs. mos. <i>6</i> ds.		
BIRTHPLACE <i>Carniel County Arkansas</i> (City or town, State or foreign country)			Contributory (SECONDARY) (Duration) yrs. mos. ds.		
PARENTS	NAME OF FATHER <i>John May</i>		(Signed) <i>R. C. Lawson</i> M. D.		
	BIRTHPLACE OF FATHER <i>Don't know</i> (City or town, State or foreign country)		<i>March 1910</i> (Address) <i>Neosho Mo.</i>		
	MAIDEN NAME OF MOTHER <i>Martha A. May</i> <i>Elizabeth Golden</i>		*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 <i>Illinois</i> (City or town, State or foreign country)		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?		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Richard M. Gilstrap</i> (ADDRESS) <i>Racine Mo.</i>			Former or usual residence		
Filed <i>July 10</i> 1910 <i>J. H. Webster</i> REGISTRAR			PLACE OF BURIAL OR REMOVAL <i>Burkehart Cemetery</i>		DATE OF BURIAL <i>3/17</i> 1910
			UNDERTAKER <i>F. J. Bigham Co.</i>		ADDRESS <i>Neosho Mo.</i>

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

PLACE OF DEATH *Missouri*County *Knott*Township *Dayton*

or

Village

or

City

(NO.

St.:

Ward)

Registration District No. *663*

File No.

*20963*Primary Registration District No. *5815*

Registered No.

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

FULL NAME *Martha J. Gilstrap*

# 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*, *Composer*, *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: *Former (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*, *Sdr-*

*coma*, etc., of \_\_\_\_\_ (name origin; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Chilar heart disease*; *Chronic interstitial nephri contributory* (secondary or intercurrent); a not be stated unless important. Example: *1 ease causing death*, *29 ds.*; *Bronchopne secondary*, *10 ds.* Never report mere symptomatic conditions, such as "Asthenia," "Chronic (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "sing death), "Dropsy," "Exhaustion," "Heart failure," "rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state "Con-diseases resulting from childbirth or miltion," "Heart "PUERPERAL septicaemia," "PUERPERAL phasmus," "Old State cause for which surgical operation etc., when a taken. For VIOLENT DEATHS state MEANS OF use. Always qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE or mis- probably such, if impossible to determine "PUERPERAL Examples: *Accidental drowning*; *Struck by cal operation train—accident*; *Revolver wound of head*; MEANS OF *Poisoned by carbolic acid—probably suicidal*, or HOMICIDE of the injury, as fracture of skull, to determine quences (e. g., *sepsis*, *tetanus*) may be stated; *Struck by head of "Contributory."* (Recommendation—*homicide*; ment of cause of death approved by C The nature Nomenclature of the American Medical Association (e. g., ad of "Con- of cause of ature of the

