

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 AndrewTownship Wesley

or

Village _____

City Savannah,M.C. (NO. _____)Registration District No. 13Primary Registration District No. 4010File No. 22786Registered No. 22

St.: _____

Ward) _____

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

FULL NAME Susan Eritchman,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed,
(Write the word)

DATE OF BIRTH

May 30, 1880
(Month) (Day) (Year)

AGE

80 yrs. 2 mos. 20 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION

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

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

BIRTHPLACE

(City or town, State or foreign country) Westmoreland Co. Penn.

PARENTS

NAME OF FATHER

Unknown Linn

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER

Susan Linn,

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. E. Eritchman(ADDRESS) Savannah Mo.Filed Aug 22, 1910REGISTRAR W. J. MooreMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

August 19th, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Dec 11, 1909, to Aug 19, 1910, that I last saw her alive on Aug 19, 1910 and that death occurred, on the date stated above, at 10:30 P. M.

The CAUSE OF DEATH* was as follows:

Septic infection following suppurative ulceration of face
153B36 (Duration) yrs. mos. ds.

Contributory

(SECONDARY)

36 (Duration) yrs. mos. ds.(Signed) C. J. JeffriesAug 20, 1910 (Address) Savannah 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

Savannah, Mo.

DATE OF BURIAL

Aug. 21 '10 1910

UNDERTAKER

D. E. Hinton

ADDRESS

234 So. 8th.

Revised United States Standard Certificate

pneumonia, etc. of
 meningitis of lungs,
 American Public Health
 Association ("Pneu-
 monia")
 Typhoid pneu-
 monia
 Avoid use of

This statement of oc-
 currence is the relative health-
 status of the patient. The ques-
 tion, irrespective of
 the word or term on
 the certificate, first,
 name, first, the
 Farmer or Planter,
 locomotive engineer,
 etc. But in many
 instances, it is neces-
 sary to indicate the
 illness. If re-
 sulting from a
 disease causing

American M

nature of the business, 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*, *House-*
work, or *At home*, and children, not gainfully employed,
 as *At school* or *At home*. Care should be taken to re-
 port specifically the occupations of persons engaged in
 domestic service for wages, as *Servant*, *Cook*, *House-*
maid, etc. If the occupation has been changed or given
 up on account of the DISEASE CAUSING DEATH, state oc-
 cupation at beginning of illness. If retired from busi-
 ness, that fact may be indicated thus: *Farmer (re-*
tired, 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 re-
 spect to time and causation), using always the same
 accepted term for the same disease. Examples: *Cere-*
brospinal 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* (dis-
 ease causing death), 29 ds.; *Bronchopneumonia* (sec-
 ondary), 10 ds. Never report mere symptoms or ter-
 minal conditions, such as "Asthenia," "Anaemia"
 (merely symptomatic), "Atrophy," "Collapse," "Coma,"
 "Convulsions," "Debility" ("Congenital," "Senile," etc.),
 "Dropsy," "Exhaustion," "Heart failure," "Haemor-
 rhage," "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 under-
 taken. 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 na-
 ture of the injury, as fracture of skull, and conse-
 quences (e. g., *sepsis*, *tetanus*) may be stated under the
 head of "Contributory." (Recommendations on state-
 ment of cause of death approved by Committee on
 Nomenclature of the American Medical Association.)