

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Livingston
Township _____
or
Village _____
or
City Chillicothe Mo (NO. _____) St. _____ Ward _____

Registration District No. 508
Primary Registration District No. 3026

File No. 24373
Registered No. 110

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

FULL NAME Olivia Sprague

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Oct 9, 1880
(Month) (Day) (Year)

AGE 29 yrs. 10 mos. 4 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE Bedford Mo
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Viviana Knott
BIRTHPLACE OF FATHER New York
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Jane Crayton
BIRTHPLACE OF MOTHER New York
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William H Sprague
(ADDRESS) Chillicothe

Filed 8/29 1910 R. Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 1, 1908, to Aug 22, 1910, that I last saw her alive on Aug 22, 1910, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lung
(Duration) 3 yrs. 22 ds.

Contributory (SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) R. Callaway M. D.
Aug 28, 1910 (Address) Chillicothe

*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 Bedford Burial DATE OF BURIAL Aug 29, 1910
UNDERTAKER J. M. Hester ADDRESS Chillicothe Mo

United States Standard Certificate of Death

Prepared 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 is asked of each and every person, irrespective of the number of many occupations a single word or term on the certificate will be sufficient, e. g., *Farmer or Planter, Composer, Architect, Locomotive engineer, Engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Man*, (b) *Automobile factory*. The material in this line may form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Miner, Farm laborer, Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, Household worker*, and children, not gainfully employed, as *At home* or *At home*. Care should be taken to report specifically the occupations of persons engaged in service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state the date of beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation return *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with reference to time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia*, unqualified, is indefinite); *Tuberculosis meningitis, 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 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.)

