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

PLACE OF DEATH

County Marion Co.

Township or Village or City Palmyra (No. ..... St.; ..... Ward)

Registration District No. 544 File No. 24500

Primary Registration District No. 4325 Registered No. 1

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

FULL NAME Ida Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colord SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

DATE OF BIRTH Not month (Month) (Day) 1 (Year)

AGE Not known ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

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

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
NAME OF FATHER Mr. Johnson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
MAIDEN NAME OF MOTHER Not known
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Josia Howard
(ADDRESS) Palmyra

Filed Aug 4, 1910 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 2 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from July 2, 191.., to Aug 2, 1910, that I last saw her alive on Aug 2, 1910, and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

Gastritis Chronic

1 [illegible]

(Duration) ..... yrs. 2 mos. ..... ds.

Contributory (SECONDARY) Inhibition

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) A. R. Stone M. D.

Aug 4, 1910 (Address) Palmyra 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 Palmyra, Mo DATE OF BURIAL Aug 4, 1910

UNDERTAKER Thos. Morton ADDRESS Palmyra, Mo

ed States Standard Certificate of Death

Whooping cough; Chro
nterstitial nephritis, e
r intercurrent) affecti
ortant. Example:
9 ds.; Bronchopneum
eport mere symptoms
Asthenia," "Anaemia"
Collapse," "Coma,"
enital," "Senil etc.)
ailure," "Haemorrhage
ge," "Shock," "Urae
efinite disease can be
ualify all diseases re
arriage, as "PUERPE
eritonitis," etc. State
as undertaken. For
NJURY and qualify as
IDAL, or as *probably*
efinitely. Examples:
ailway train—accident;
oisoned by carbolic ac
the injury, as fractur
psis, tetanus) may be
ibutory." (Recommen
eath approved by Co
merican Medical Asso

J. S. Census and American Public Health
sociation]

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ccupation.—Precise statement of oc-
important, so that the relative health-
pursuits can be known. The ques-
ach and every person, irrespective of
occupations a single word or term on
be sufficient, e. g., *Farmer* or *Planter,*
ositor, Architect, Locomotive engineer,
Stationary fireman, etc. But in many
in industrial employments, it is neces-
) the kind of work and also (*b*) the
usiness or industry, and therefore an
provided for the latter statement; it
only when needed. As examples: (*a*)
tton mill; (*a*) *Salesman,* (*b*) *Grocery;*
b) *Automobile factory.* The material
form part of the second statement.
"Laborer," "Foreman," "Manager,"
vithout more precise specification, as
rm laborer, Laborer—Coal mine, etc.
who are engaged in the duties of the
not paid *Housekeepers* who receive a
may be entered as *Housewife, House-*
e, and children, not gainfully employed,
At home. Care should be taken to re-
the occupations of persons engaged in
for wages, as *Servant, Cook, House-*
occupation has been changed or given
f the DISEASE CAUSING DEATH, state oc-
ning of illness. If retired from busi-
may be indicated thus: *Farmer* (*re-*
For persons who have no occupation
None.

cause of death.—Name, **first**, the
DEATH (the primary affection with re-
nd causation), using always the same
or the same disease. Examples: *Cere-*
(the only definite synonym is "Epidemic
eningitis"); *Diphtheria* (avoid use of
hoid fever (never report "Typhoid
Lobar pneumonia; Bronchopneumonia
unqualified, is indefinite); *Tuberculosis*
ges, 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 *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgi al 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.