

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

PLACE OF DEATH
County Monticary
Township Relat Grove
or
Village
or
City (No. St. Ward)

Registration District No. 577 File No. 28001
Primary Registration District No. 57705 Registered No.

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

FULL NAME

Melinda Latham

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Not Known Exact
(Month) (Day) (Year)

AGE About 75 Years IF LESS than 1 day, hrs. or min.?
yrs. mos. ds.

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) Missouri

PARENTS
NAME OF FATHER Mr Jackson
BIRTHPLACE OF FATHER Not Known
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Not Known
BIRTHPLACE OF MOTHER "
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J L Latham
(ADDRESS) Latham, Mo

Filed Sept 29 1910 L L Latham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Aug 1, 1910, to Sept 27, 1910,
that I last saw him alive on Sept 18, 1910,
and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:
Yellow Scurvy of Liver

(Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) H W Latham M. D.
(Address) Latham

*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 Monticary Co DATE OF BURIAL Sept 28, 1910
UNDERTAKER ADDRESS

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, Clerk, Engineer, Artist, Lecturer, Engineer,*

ect, Locomotive engineer, eman, etc. But in many employments, it is necessary of work and also (b) the

industry, and therefore an
for the latter statement; it
needed. As examples: (a)

Salesman, (b) Grocery;
the factory. The material
of the second statement.

“Foreman,” “Manager,”
precise specification, as
Laborer—Coal mine, etc.

engaged in the duties of the
housekeepers who receive a
wage as *Housewife*. *House-*

n, not gainfully employed,
re should be taken to re-
ns of persons engaged in

is *Servant, Cook, House-*
has been changed or given
CAUSING DEATH, state oc-

ss. If retired from busi-
ated thus: *Farmer* (re-
who have no occupation

leath.—Name, first, the primary affection with re-

, using always the same disease. Examples: *Cere*-*nite* synonym is "Epidemic

Diphtheria (avoid use of
(never report "Typhoid
monia: *Branchopneumonia*

... pneumonia, *Bronchopneumonia* (indefinite); *Tuberculosis* (indefinite); *Scrophulosis*, etc., *Carcinoma*, *Sarcoma*, etc.

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.)

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*. Sar-

HUGH STEPHENS, JEFFERSON CITY.

