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.

V. S. No. 2.

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

ENT.

PLACE OF DEATH

County Platte

Township Waldron

or

Village

or

City (NO. , St.: Ward)

Registration District No. 695 File No. 28225

Primary Registration District No. 5923 Registered No. 26

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

FULL NAME Purmelia Ann Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

DATE OF BIRTH: Sept (Month) 17th (Day), 1843 (Year)

AGE: 66 yrs. 11 mos. 24 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife

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

BIRTHPLACE (City or town, State or foreign country): Howard Co Mo

PARENTS

NAME OF FATHER: Joel Perkins

BIRTHPLACE OF FATHER (City or town, State or foreign country): Howard Co Mo

MAIDEN NAME OF MOTHER: Rachel Mattry

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Howard Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A. Myers

(ADDRESS) Waldron Mo

Filed Sept. 11 1910 Cab Shields REGISTRAR

Chas E Burham Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 11 (Month) Sunday (Day) 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from July 30, 1910, to Sept 11, 1910, that I last saw her alive on Aug 20, 1910, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

46B

(Duration) 0 yrs. 7 mos. 15 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. L. Wilbur M. D.

Sept 11 1910 (Address) Waldron 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 0 yrs. 7 mos. 15 ds. In the State 66 yrs. 11 mos. 24 ds.

Where was disease contracted if not at place of death? Near place of death

Former or usual residence Waldron City Mo

PLACE OF BURIAL OR REMOVAL: Ellis Cemetery

DATE OF BURIAL: Sept 12 1910

UNDERTAKER: J L Simpson

ADDRESS: Waldron Mo

rtificate

Health

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| States Standard Certificate of Death

W S. Census and American Public Health
in Association]
or _____

po cupation.—Precise statement of oc-
29 nportant, so that the relative health-
re pursuits can be known. The ques-
"A h and every person, irrespective of
'C ccupations a single word or term on
ge e sufficient, e. g., *Farmer* or *Planter,*
fa itor, *Architect, Locomotive engineer,*
ag ationary fireman, etc. But in many
de industrial employments, it is neces-
qu the kind of work and also (*b*) the
ca siness or industry, and therefore an
pe provided for the latter statement; it
wi nly when needed. As examples: (*a*)
IN ton mill; (*a*) *Salesman,* (*b*) *Grocery;*
cl *Automobile factory.* The material
d form part of the second statement.
ra "Laborer," "Foreman," "Manager,"
P ithout more precise specification, as
of rm *laborer, Laborer—Coal mine,* etc.
se who are engaged in the duties of the
tri not paid *Housekeepers* who receive a
de may be entered as *Housewife, House-*
Ar , and children, not gainfully employed,
lt home. Care should be taken to re-
he occupations of persons engaged in
for wages, as *Servant, Cook, House-*
occupation has been changed or given
the DISEASE CAUSING DEATH, state oc-
ning of illness. If retired from busi-
ay be indicated thus: *Farmer (re-*
or persons who have no occupation
Vone.

cause of death.—Name, first, the
DEATH (the primary affection with re-
d causation), using always the same
the same disease. Examples: *Cere-*
he only definite synonym is "Epidemic
ingitis"); *Diphtheria* (avoid use of
oid fever (never report "Typhoid
bar pneumonia; Bronchopneumonia
qualified, is indefinite); *Tuberculosis*
s, peritonaeum, etc., *Carcinoma, Sar-*

disease; Chronic
tory (secondary
ated unless im-
coma, etc., of ..... (name orig causing death),
less definite; avoid use of "Tumor" *10 ds.* Never
neoplasms); *Measles; Whooping cough* itions, such as
lar heart disease; Chronic interstitial n atic), "Atrophy,"
contributory (secondary or intercurren ebility" ("Con-
not be stated unless important. Examp lustion," "Heart
ease causing death), *29 ds.; Broncho* arasmus," "Old
ondary), *10 ds.* Never report mere s" etc., when a
minal conditions, such as "Asthen cause. Always
(merely symptomatic), "Atrophy," "Cod birth or mis-
"Convulsions," "Debility" ("Congenital," "PUERPERAL
"Dropsy," "Exhaustion," "Heart fail rgical operation
rhage," "Inanition," "Marasmus," "Ol state MEANS OF
"Uraemia," "Weakness," etc., when a IDAL, or HOMI-
can be ascertained as the cause. Al e to determine
diseases resulting from childbirth or *ting; Struck by*
"PUERPERAL *septichaemia,*" "PUERPERAL *head—homicide;*
State cause for which surgical opera e. The nature
taken. For VIOLENT DEATHS state MEAN equences (e. g.,
qualify as ACCIDENTAL, SUICIDAL, or H head of "Con-
probably such, if impossible to dete ent of cause of
Examples: *Accidental drowning; St* nclature of the
train—accident; Revolver wound of
Poisoned by carbolic acid—probably s
ture of the injury, as fracture of sl
quences (e. g., *sepsis, tetanus*) may be
head of "Contributory." (Recommenc
ment of cause of death approved b
Nomenclature of the American Medic

HUGH STEPHENS, JEFFERSON CITY.