

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 SalineTownship Arrow Rock

or

Village 11

or

City 11

(NO.

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
Registration District No. 792File No. 29346Primary Registration District No. 4473Registered No. 12

St. _____ Ward _____

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

FULL NAME Grace Helen Cator

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
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 DATE OF BIRTH 1 (Month) 7 (Day) 1909 (Year)

 AGE 1 yrs. 8 mos. ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

 BIRTHPLACE
 (City or town, State or foreign country) Arrow Rock Mo.

PARENTS	NAME OF FATHER <u>Henry Cator</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Copper Co. Mo.</u>
	MAIDEN NAME OF MOTHER <u>Minnie Blakely</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Copper Co</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE—

(Informant) H. S. Cator(ADDRESS) Arrow Rock Mo.Filed Sept 7 1910 M. S. McGuire

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Sept. (Month) 6 (Day) 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from July 5, 1910, to Sept. 6, 1910, that I last saw her alive on Sept. 6, 1910, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Enterocolitis
11913
(Duration) ___ yrs. ___ mos. 60 ds.

Contributory

(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) B. C. Broadshan M. D.Sept. 7 1910 (Address) Arrow Rock 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

Arrow Rock Cemetery

DATE OF BURIAL

Sept 7 1910

UNDERTAKER

Spence & Lipp

ADDRESS

Arrow Rock Mo.

**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 sex, age, or condition. "Exhaustion" is a single word or term on which many occupations will be sufficient, e. g., *Farmer or Planter*, *Composer, Architect, Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to state the kind of work and also the nature of the business or industry, and therefore an occupation is provided for the latter statement; it is only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material of the second statement may form part of the first, as in "Laborer," "Foreman," "Manager," "Farm laborer, Laborer—Coal mine, etc." who are engaged in the duties of the occupation. (not paid *Housekeepers* who receive a salary.)

y), may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, or *At home*. Care should be taken to really the occupations of persons engaged in for wages, as *Servant*, *Cook*, *House*, the occupation has been changed or given of the DISEASE CAUSING DEATH, state beginning of illness. If retired from business may be indicated thus: *Former (re-*. For persons who have no occupation it *None*.

of cause of death.—Name, first, the **ING DEATH** (the primary affection with result and causation), using always the same name for the same disease. Examples: *Cerebrospinal meningitis* (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, Sarcoma*.

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.)

HUGH STEPHENS, JEFFERSON CITY

