

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

PLACE OF DEATH

County Texas

Township _____

or Village _____

or City Houston

Registration District No. 863

File No. 29501

Primary Registration District No. 45-22

Registered No. 96

(NO. _____ St. _____ Ward _____)

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

FULL NAME Martha Malinda Blaukskip

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan. 26, 1867
(Month) (Day) (Year)

AGE 43 yrs. 7 mos. 23 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Texas Co., Mo.

PARENTS NAME OF FATHER William Franklin Cavaness

BIRTHPLACE OF FATHER (City or town, State or foreign country) N. Carolina

MAIDEN NAME OF MOTHER Sarah Brown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) N. Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. W. Cavaness

(ADDRESS) Lusk, Mo.

Filed Sept 30 1910 J. F. Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 3, 1910, to Sept 19, 1910, that I last saw her alive on Sept 19, 1910, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:
Typhoid fever

(Duration) _____ yrs. 1 mos. 16 ds.

Contributory nurse (SECONDARY) Duration _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Purvis M. D. (Address) Houston, 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 Burnett Cemetery DATE OF BURIAL Sept. 20, 1910

UNDERTAKER J. F. Watson & Son ADDRESS Houston, 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 age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it the latter used only when needed. As examples: (a) As exar (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Groeman*, (b) *Automobile factory*. The material materia on may form part of the second statement. ment. return "Laborer," "Foreman," "Manager," "Dealer" etc., without more precise specification, as *laborer, orer, Farm laborer, Laborer—Coal mine*, etc. at home, who are engaged in the duties of the only (ncd only (not paid *Housekeepers* who receive a may be salary), may be entered as *Housewife, House-children At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, House-maid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same 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, 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 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.)

