

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.MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHPLACE OF DEATH  
County Cooper  
Township \_\_\_\_\_  
or  
Village Boonville  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 218 File No. 30197  
Primary Registration District No. 3015 Registered No. 60FULL NAME Mary Ellen Nelson

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	DATE OF DEATH <u>Oct 27</u> , 191 <u>0</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Don't know</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Oct 20<sup>th</sup></u> , 191 <u>0</u> , to <u>Oct 27</u> , 191 <u>0</u> , that I last saw her alive on <u>25<sup>th</sup></u> , 191 <u>0</u> , and that death occurred, on the date stated above, at <u>5<sup>00</sup> a.m.</u> The CAUSE OF DEATH* was as follows: <u>Septicemia</u>		
AGE <u>about 53 years</u> If LESS than 1 day, _____ hrs. or _____ min.? Yes _____ mos. _____ ds.			Contributory _____ (Duration) _____ yrs. _____ mos. _____ ds.		
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) <u>Housewife</u>			(Signed) <u>B L Evans</u> M. D. 191____ (Address) <u>Boonville Mo</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Cooper County</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>Abraham Martin</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>	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 _____		
	MAIDEN NAME OF MOTHER <u>Hanna Martin</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u>		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Leah Nelson</u>			DATE OF BURIAL <u>Oct 28</u> , 191 <u>0</u>	
	(ADDRESS) <u>Boonville Mo</u>			UNDERTAKER <u>J P Goodman</u>	
Filed <u>Oct 29</u> , 191 <u>0</u> <u>C H Ravey</u> REGISTRAR			ADDRESS <u>Boonville</u>		

# United States Standard Certificate of Death

[ U. S. Census and American Public Health Association ]

**Occupation.**—Precise statement of occupation is important, so that the relative health-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, Compositor, 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 should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *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-*

**Statement of cause of death.**—If the cause of death has been changed or given DISEASE CAUSING DEATH (the precise name, if retired from business to time and causation), state thus: *Farmer* (re-accepted term for the same disease) who have no occupation *branspinal fever* (the only definite

**Death.**—Name, first, the cerebrospinal meningitis"); *Diphtheria* (never primary affection with "Croup"); *Typhoid fever* (never using always the same monia"); *Lobar pneumonia*; *Bronchopneumonia*, unqualified, is indefinite) disease. Examples: *Cerebrumeninges, peritonaeum*, etc., *Carcinoma* (name origin; "Cancer" for malignant use of "Tumor" for malignant never report "Typhoid *ia; Bronchopneumonia* (indefinite); *Tuberculosis*; 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 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.)