

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
County <u>Mason</u>		BUREAU OF VITAL STATISTICS	
Township <u>Union</u>		Registration District No. <u>379</u>	File No. <u>34901</u>
Village _____		Primary Registration District No. <u>5942</u>	Registered No. <u>8</u>
City _____ (NO. _____)		St. _____	Ward _____
FULL NAME <u>Mrs Roberta Harr</u>			

(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>White</u>	DATE OF DEATH <u>Nov 17</u> , 19 <u>10</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 9</u> , 18 <u>33</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Nov 14</u> , 19 <u>10</u> , to _____, 19 <u>10</u> ,	
AGE <u>77</u> yrs. <u>4</u> mos. <u>4</u> ds.	IF LESS than 1 day, ____ hrs. or ____ min.?	that I last saw her alive on <u>Nov 14</u> , 19 <u>10</u> , and that death occurred, on the date stated above, at <u>5-3/4</u> p.m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u>		The CAUSE OF DEATH* was as follows: <u>82A Apoplexy</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) ____ yrs. ____ mos. <u>3</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Virginia</u>		Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.	
PARENTS	NAME OF FATHER <u>Joseph Harrington</u>	(Signed) <u>J B McPike</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>	<u>Nov 18</u> , 19 <u>10</u> (Address) <u>Dalmyra Mo</u>	
	MAIDEN NAME OF MOTHER <u>Susan Grant</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Virginia</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs Roberta Payne</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
(ADDRESS) <u>Philadelphia Mo</u>		PLACE OF BURIAL OR REMOVAL <u>Park Cemetery</u>	DATE OF BURIAL <u>19</u> Nov. 19 <u>10</u>
Filed <u>Nov 29</u> , 19 <u>10</u>	<u>C. R. Diphon</u> REGISTRAR	UNDERTAKER <u>H. Leach</u>	ADDRESS <u>May Woodway</u>

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be carefully and

which employed (or employer)

BIRTHPLACE
(City or town,
State or foreign country)

NAME OF
FATHER

(Duration)

Contributory
(secondary)

(Duration)

United States Standard Certificate of Death

ed by U. S. Census and American Public Health Association]

nt of occupation.—Precise statement of oc very important, so that the relative health- various pursuits can be known. The ques- s to each and every person, irrespective of many occupations a single word or term on ie will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *veer*, *Stationary fireman*, etc. But in many cially in industrial employments, it is neces- sary to state (a) the kind of work and also (b) the business or industry, and therefore an line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material may form part of the second statement. Turn "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. If at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *House- hold*, and children, not gainfully employed, *At home*. Care should be taken to rec- ord the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *House-*

If the occupation has been changed or given point of the DISEASE CAUSING DEATH, state oc- t beginning of illness. If retired from busi- ness fact may be indicated thus: *Farmer (re- tired)*. For persons who have no occupation write *None*.

ment of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with re- sult and causation), using always the same term for the same disease. Examples: *Cere- bral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid meningitis"); *Lobar pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Ca- less definite; avoid use of "Tumor" for m- neoplasms); *Measles*; *Whooping cough*; *Chronic lar heart disease*; *Chronic interstitial nephritis*, contributory (secondary or intercurrent) affect- not be stated unless important. Example: *Meas- ease causing death*, 29 ds.; *Bronchopneumon- onary*, 10 ds. Never report mere symptomatic conditions, such as "Asthenia," "A-" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senil- "Dropsy," "Exhaustion," "Heart failure," "rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite can be ascertained as the cause. Always qu- diseases resulting from childbirth or miscar- "PUERPERAL septicaemia," "PUERPERAL periton- State cause for which surgical operation wa- taken. For VIOLENT DEATHS state MEANS OF IN- qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDA probably such, if impossible to determine (Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—h Poisoned by carbolic acid—probably suicide*. Nature of the injury, as fracture of skull, an- quences (e. g., *sepsis*, *tetanus*) may be stated u head of "Contributory." (Recommendations ment of cause of death approved by Comm Nomenclature of the American Medical Asso

on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

hrs. or min.?

ds.

mos.

yrs.

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

(b) General nature of industry, business, or establishment in

HUGH STEPHENS, JEFFERSON CITY.



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