

WITH UNFADING INK—THIS IS A PERMANENT RECORD

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state arms, 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 DEATH**

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St Louis

Registration District No. 911

File No. 40407

Primary Registration District No. 1003

Registered No. 10290

(NO. 6010 Maple Ave St.: 78 Ward)

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

FULL NAME Lucy Alice Mahood

PERSONAL AND STATISTICAL PARTICULARS:

MEDICAL CERTIFICATE OF DEATH

| | | |
|-----------------------------|--------------------------------------|--|
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | MARITAL STATUS <u>Married</u> <small>(Write the word)</small> |
|-----------------------------|--------------------------------------|--|

DATE OF DEATH Dec 28, 1910
(Month) (Day) (Year)

DATE OF BIRTH Dec 5, 1861
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 27, 1910, to Dec 29, 1910, that I last saw her alive on Dec 27, 1910, and that death occurred, on the date stated above, at 3 a.m.

AGE 49 yrs. 23 ds. 23 hrs.
If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Carcinoma uteri,
if
metastatic
(Duration) 2 yrs. ___ mos. ___ ds.

OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none

Contributory Pulmonary metastasis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) St Louis

NAME OF FATHER George E. Finch

(Signed) Wm Leo Gouss M. D.
Dec 28, 1910. (Address) 4225 West Bell

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky

MAIDEN NAME OF MOTHER Elizabeth De Witt

*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) St Louis

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

SIGNED TO THE BEST OF MY KNOWLEDGE
Lucy Alice Mahood

Where was disease contracted if not at place of death?
Former or usual residence.

6010 Maple Ave

PLACE OF BURIAL OR REMOVAL Bellefontaine **DATE OF BURIAL** Dec 29, 1910

St Wheeler Road
REGISTRAR

UNDERTAKER Smither & Grand U Co **ADDRESS** 4233 Olive St

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 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*, *Housemaid*, 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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name), less definite; avoid use of "Tumors" (neoplasms); *Measles*; *Whooping cough*; *Coronary heart disease*; *Chronic interstitial nephritis*; contributory (secondary or intercurrent) should 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.)

