

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 DEATH**

PLACE OF DEATH
County Saline
Township Grand Pass
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 795- File No. 40547
Primary Registration District No. 6038 Registered No. 19

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

FULL NAME Agnes Murray

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 May 15, 1902
(Month) (Day) (Year)

AGE 8 yrs. 6 mos. 6 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Wakenda Mo

PARENTS	NAME OF FATHER <u>John Murray</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Carroll Co</u>
	MAIDEN NAME OF MOTHER <u>May Staten</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Carroll Co</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh White

(ADDRESS) Saline Co Mo

Filed Dec 22, 1910 A. F. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 11, 1910, to Dec 21, 1910, that I last saw her alive on Dec 19, 1910, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:
Diphtheria

1:

(Duration) ___ yrs. ___ mos. 14 ds.

Contributory (SECONDARY) Exposed to Diphtheria
(Duration) ___ yrs. about 1 mos. ___ ds.

(Signed) George G. Kelling M. D.
Dec 22, 1910 (Address) Waverly 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 <u>Grand Pass Mo</u>	DATE OF BURIAL <u>Dec 22, 1910</u>
UNDERTAKER <u>None</u>	ADDRESS <u>✓</u>

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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 health-ness of various pursuits can be known. The ques- applies to each and every person, irrespective of For many occupations a single word or term on first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *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) *Planer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material used on may form part of the second statement. For return "Laborer," "Foreman," "Manager," "Miller," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For 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*, *House-keeper*, or *At home*, and children, not gainfully employed, may be entered as *At school* or *At home*. Care should be taken to re- specify the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-keeper*, etc. If the occupation has been changed or given up, state in account of the DISEASE CAUSING DEATH, state occu- ation at beginning of illness. If retired from busi- that fact may be indicated thus: *Farmer* (re- 6 yrs.). For persons who have no occupation ever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with re- to time and causation), using always the same ter- term for the same disease. Examples: *Cere- pinal fever* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "up"); *Typhoid fever* (never report "Typhoid monia"); *Lobar pneumonia*; *Bronchopneumonia pneumonia*, unqualified, is indefinite); *Tuberculosis meningis*, *meninges*, *peritoneum*, 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* (dis- ease causing death), 29 ds.; *Bronchopneumonia* (sec- ondary), 10 ds. Never report mere symptoms or ter- minal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 under- taken. 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 conse- quences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)