

PLACE OF DEATH

County Dunklin

Township _____

or

Village _____

or

City Malden Mo (NO. _____)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1001

Registration District No. 289

File No. _____

Primary Registration District No. 4173Registered No. 4

St. _____ Ward _____

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

FULL NAME Phoeba Barger

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>August 23</u> , 1 <u>885</u> (Month) (Day) (Year)		
AGE <u>36</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

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

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(City or town, State or foreign country) Ills.

PARENTS	NAME OF FATHER <u>Jas. Blackman</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>
	MAIDEN NAME OF MOTHER <u>Margaret Moor</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) X Otto Barger(ADDRESS) Malden Mo.Filed Jan 14, 1911 St. Mitchell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan, 13, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Dec 24, 1910, to Jan 12, 1911, that I last saw her alive on Jan 12, 1911, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

General Debility(Duration) _____ yrs. 3 mos. _____ ds.Contributory Acute mania

(SECONDARY)

(Duration) _____ yrs. 1 mos. _____ ds.(Signed) St. Mitchell M. D.
1-13, 1911 (Address) Malden 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

Malden Mo

DATE OF BURIAL

1-14, 1911

UNDERTAKER

H. L. Craig Malden Mo.

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. P. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION as very important.

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

first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Telephone 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) *Joiner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material marked on may form part of the second statement.

When a person returns "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *factory 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*, *Housewife at work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to record specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given

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 meningitis"); *Diphtheria* (avoid use of "group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis* (*lungs*, *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* (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.)

