

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 Grundy Registration District No. 330 File No. 1239
Township Gretna Sp or _____ Primary Registration District No. 5459 Registered No. 19
Village _____ or _____ City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Sarah Howard Brooke

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
DATE OF BIRTH <u>November 6th</u> , 18 <u>88</u> (Month) (Day) (Year)		
AGE <u>22</u> yrs. <u>2</u> mos. <u>23</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Linn Co. Ia</u>		
PARENTS	NAME OF FATHER <u>Isabel Anderson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Linn Co. Ia</u>	
	MAIDEN NAME OF MOTHER <u>Mary Holman</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Jackson County Ia</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Brooke
(ADDRESS) Laredo Mo

Filed Jan 31, 1911 S. Shelton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan 29, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 27, 1911, to Jan 29, 1911, that I last saw her alive on Jan 27, 1911, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
108

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) R. E. Hall M. D.
Jan 30, 1911 (Address) Laredo 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

DATE OF BURIAL

Brooks cemetery Jan 31, 1911
UNDERTAKER Herrick & Co. (Laredo) ADDRESS Laredo

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, peritonaeum*, 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," necessary to know "Dropsy," "Exhaustion," "Heart failure," "Nature of the burhage," "Inanition," "Marasmus," "Old additional line is prov" "Uraemia," "Weakness," etc., when a def be used only when can be ascertained as the cause. Always *Cotton mill*; (a) *S diseases resulting from childbirth or mis Automobile facto* "PUERPERAL septichaemia," "PUERPERAL per part of the second State cause for which surgical operation," "Foreman," "M taken. For VIOLENT DEATHS state MEANS OF precise specification qualify as ACCIDENTAL, SUICIDAL, or HOMIC—*Coal mine*, etc. probably such, if impossible to determine the duties of the h Examples: *Accidental drowning*; *Struck to receive a definite train—accident*; *Revolver wound of head Housework, or At h* *Poisoned by carbolic acid—probably suicidal as At school or* ture 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.)

