

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County New Madrid 779
Township New Madrid Registration District No. 604 File No. 2610
or
Village _____ Primary Registration District No. 43586 Registered No. 17
or New Madrid (NO. _____ St. _____ Ward _____)

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

FULL NAME Mattie Clay

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Negro</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>Jan 10, 1863</u> (Month) (Day) (Year)	AGE <u>48</u> yrs. mos. 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>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Columbus Ky</u>		
PARENTS	NAME OF FATHER <u>Jake Sivalley</u>	DATE OF DEATH <u>January 10th, 1911</u> (Month) (Day) (Year)
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>South Korea</u>	I HEREBY CERTIFY, that I attended deceased from <u>Oct 12th, 1910</u> , to <u>Jan 7, 1911</u> , that I last saw her alive on <u>Jan 7, 1911</u> , and that death occurred, on the date stated above, at <u>10 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Mitral Incompetence</u> <u>97A</u>
	MAIDEN NAME OF MOTHER <u>Liza Lovance</u>	(Duration) _____ yrs. <u>3</u> mos. _____ ds.
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>South Korea</u>	Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Kinney M. D.
Jan 11, 1911 (Address) New Madrid

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Benson Clay
(ADDRESS) New Madrid
Filed _____ 1911

PLACE OF BURIAL OR REMOVAL
New Madrid
UNDERTAKER
Benson Richards
DATE OF BURIAL
Jan 17, 1911
ADDRESS
New Madrid

REGISTRAR

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.

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*, *Compositor*, *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 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.)

HUGH STEPHENS, JEFFERSON CITY.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION in very important.

PLACE OF BIRTH

County New Madrid
 Township _____
 or
 Village _____
 or
 City New Madrid (NO. _____ St.: _____ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 604 File No. 7610
 Primary Registration District No. 4358 Registered No. _____

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

FULL NAME Matthie Clay

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED married
 (Write the word)
 DATE OF BIRTH 1-10, 1863
 (Month) (Day) (Year)
 AGE 48 yrs. 11 mos. 17 ds. IF LESS than 1 day, _____ hrs. or _____ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work Brick
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Columbus, Ky.
 NAME OF FATHER James S. Clay
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Paris, Mo.
 MAIDEN NAME OF MOTHER Liza Garrison
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Paris, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary Benson Clay
 (ADDRESS) New Madrid

Filed Jan 10 1911 X
 Original file date _____ X
 W. H. Dykes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____, 1911
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from 9-1-, 1911, to 1-7, 1911,
 that I last saw him alive on 1-7-, 1911,
 and that death occurred, on the date stated above, at 10 p.m.
 The CAUSE OF DEATH* was as follows:

Mental Incompetency
 (Duration) _____ yrs. 9 mos. _____ ds.

Contributory (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. B. McKenney M. D.
1-11, 1911 (Address New Madrid)

*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 New Madrid DATE OF BURIAL 1-12-, 1911

UNDERTAKER C. B. Richards ADDRESS New Madrid

JAN All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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