

N. B.—Every item of information should be carefully supplied. PAGE 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 New Madrid ⁶⁰⁴
 Township St. James Registration District No. 5676263 File No. 2615
 or St. James
 Village St. James Primary Registration District No. 5803 Registered No. 7
 or St. James
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Cara Woodward

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH Jan 20, 1911
(Month) (Day) (Year)

DATE OF BIRTH March 8, 1880
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 18, 1911, to Jan 20, 1911, that I last saw her alive on Jan 19, 1911, and that death occurred, on the date stated above, at 12:15 a.m.

AGE 20 yrs. 10 mos. 10 ds. If LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH⁺ was as follows:
Acute Yellow Atrophy Liver
175 A
38 Toxaemic
1913 (Duration) yrs. ____ mos. 2 ds.

OCCUPATION (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) 9-310

BIRTHPLACE (City or town, State or foreign country) Farley Ala

Contributory Malaria
(SECONDARY)
 (Signed) E. P. Martin M. D.
Jan 20 1911 (Address) E. Prairie Mo

PARENTS
 NAME OF FATHER Jno W Woodward
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Farley Ala
 MAIDEN NAME OF MOTHER Cora Beel
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ala.

*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. 1 mos. ____ ds. In the State ____ yrs. 1 mos. ____ ds.
 Where was disease contracted If not at place of death?
 Former or usual residence Farley Ala

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Robert Hunter
 (ADDRESS) E. Prairie Mo

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1911

Filed Jan 20, 1911 J. B. Davis REGISTRAR

UNDERTAKER W. R. Shelby ADDRESS E. Prairie Mo

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 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.)



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

PLACE OF DEATH

County New Madrid
 Township Keough
 or
 Village _____
 or
 City _____ (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. 2615
 Primary Registration District No. 6263 Registered No. _____

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

FULL NAME

Conrad Woodward

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)
 DATE OF BIRTH 3/8, 1880
 (Month) (Day) (Year)
 AGE 20 yrs. 10 mos. 10 ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Farley Ala.

PARENTS
 NAME OF FATHER Jos W Woodward
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Farley Ala.
 MAIDEN NAME OF MOTHER Conrad Bell
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ala.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Robt. Hunter
 (ADDRESS) E. Prairie, Mo.

Filed JAN 20 1911 W. D. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-18, 1911, to 1-20, 1911, that I last saw him alive on 1-19, 1911, and that death occurred, on the date stated above, at 12:45 am.

The CAUSE OF DEATH* was as follows:
Acute yellow atrophy of liver
Malaria
 (Duration) _____ yrs. _____ mos. 2 ds.

Contributory (SECONDARY) Malaria
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) S. P. Martin M. D.
1-20 1911 (Address) E. Prairie, 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 Farley Mo.

PLACE OF BURIAL OR REMOVAL Bridgley Grove DATE OF BURIAL 1-25, 1911

UNDERTAKER W. D. Shelby ADDRESS E. Prairie

JAN-20- 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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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.)