

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

PLACE OF DEATH

County Phelps  
Township St James  
or Stoltz Federal  
Village  
or Soldier Home  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 678 File No. 2867  
Primary Registration District No. 5904 Registered No. 1

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

FULL NAME Mary Jane Francis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF DEATH \_\_\_\_\_, 1911  
(Month) (Day) (Year)

DATE OF BIRTH October 28, 1845  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1909, to Jan 1, 1911, that I last saw her alive on Jan 1, 1911, and that death occurred, on the date stated above, at 9:00 AM

AGE 65 yrs. 2 mos. 3 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Inmate of Home  
(b) General nature of industry, business, or establishment in which employed (or employer) O—O

Acute Emboli of Brain  
82B  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

PARENTS NAME OF FATHER John Benson  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
MAIDEN NAME OF MOTHER don't know  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

(Signed) W. H. Brewer M. D.  
Jan 1, 1911 (Address) St James, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R. V. Goodall

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 12 yrs. 2 mos. 3 ds. In the State 6 yrs. 2 mos. 3 ds.  
Where was disease contracted if not at place of death? Place of death  
Former or usual residence \_\_\_\_\_

(ADDRESS) St James Mo  
Filed Jan 2 1911 REGISTRAR

PLACE OF BURIAL OR REMOVAL Lebanon, Mo DATE OF BURIAL Jan 3, 1911  
UNDERTAKER Pat Birmingham ADDRESS St James

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS etc. 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*, *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," "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 is very important.

PLACE OF DEATH

County Bellevue  
Township St James  
or  
Village  
or  
City Address Home (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Registration District No. 678678 File No. 2867  
Primary Registration District No. 5904 Registered No. \_\_\_\_\_

FULL NAME Mary Jane Francis

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

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)  
DATE OF BIRTH 10-28, 1845  
(Month) (Day) (Year)  
AGE 65 yrs. 2 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Domestic of Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Waynesville, Mo.  
PARENTS  
NAME OF FATHER John Keenan  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Term  
MAIDEN NAME OF MOTHER Dora Sherow  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Term

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. U. Goodall  
(ADDRESS) St James Mo  
Filed Jan 2 1911  
Original file date  
REGISTRAR Pat Cunningham

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1<sup>st</sup> 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Jan 1, 1909, to 1-1-1911, 1911, that I last saw him alive on 1-1-1911, 1911, and that death occurred, on the date stated above, at 9:30 P.M.  
The CAUSE OF DEATH\* was as follows:  
Acute Embolism of Brain  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) W. H. Peyer M.D.  
1-1-1911 (Address) St James 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 12 yrs. \_\_\_ mos. \_\_\_ ds. In the State 65 yrs. 2 mos. 3 ds.  
Where was disease contracted if not at place of death? Place of death  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Lebanon Mo DATE OF BURIAL 1-3- 1911  
UNDERTAKER Pat Cunningham ADDRESS St James

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  
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