

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

PLACE OF DEATH

County Montgomery Co  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Monty City Mo (NO. \_\_\_\_\_)

97°  
Registration District No. 599  
Primary Registration District No. 4300

File No. 7236  
Registered No. 9

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

FULL NAME Isabel M. Burt

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX: Female COLOR OF RACE: White  
SINGLE MARRIED WIDOWED OR-DIVORCED (Write the word) w

DATE OF DEATH Feb. 10, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Feb. 10, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 28, 1911, to Feb 10, 1911, that I last saw her alive on Feb 10, 1911, and that death occurred, on the date stated above, at 12 m.

AGE 49 yrs. 2 mos. 4 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
109A  
1216

OCCUPATION (a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) - 9-0

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

BIRTHPLACE (City or town, State or foreign country) Virginia

Contributory Dis of Kidney  
(SECONDARY) (Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER \_\_\_\_\_

(Signed) D. O. Harrison M. D.  
Feb 11, 1911 (Address) Montgomery City

BIRTHPLACE OF FATHER (City or town, State or foreign country) \_\_\_\_\_

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

MAIDEN NAME OF MOTHER Byrd

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

BIRTHPLACE OF MOTHER (City or town, State or foreign country) \_\_\_\_\_

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? \_\_\_\_\_

(Informant) C. W. Hopkins

Former or usual residence \_\_\_\_\_

(ADDRESS) Montgomery City

PLACE OF BURIAL OR REMOVAL Montgomery City Cemetery DATE OF BURIAL 2/11/11 1911

Filed Feb 11 1911 J. E. Warrs REGISTRAR

UNDERTAKER A. D. Paul ADDRESS City

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 surgi al 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.)



PLACE OF DEATH

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

County Montgomery Co.

Township \_\_\_\_\_

Registration District No. 592

File No. 7236

Village \_\_\_\_\_

Primary Registration District No. 4350

Registered No. \_\_\_\_\_

City Monty City Mo. (NO. \_\_\_\_\_)

St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Sarah M. Bibb

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W.

DATE OF DEATH Feb-10, 1911. (Month) (Day) (Year)

DATE OF BIRTH Feb-10, 1911. (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 28, 1911, to Feb-10, 1911, that I last saw her alive on Feb-10, 1911, and that death occurred, on the date stated above, at 12 P.M.

AGE 83 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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 House keeper (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

BIRTHPLACE (City or town, State or foreign country) Virginia

Contributory Dis. of Kidney (SECONDARY) (Duration) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER Faylor

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.

MAIDEN NAME OF MOTHER S. Taylor

BIRTHPLACE OF MOTHER (City or town, State or foreign country) \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C. W. Hopkins

(Signed) D. O. Hudson M. D. Feb-11, 1911. (Address) Montgomery Mo.

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

(Address) Montgomery Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Filed Feb 11, 1911. E. E. Davis REGISTRAR

Where was disease contracted if not at place of death? Former or usual residence.

PLACE OF BURIAL OR REMOVAL Montgomery Cemetery DATE OF BURIAL 2/11, 1911

UNDERTAKER R. S. Paul ADDRESS City

# Revised United States Standard Certificate of Death

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