

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

PLACE OF DEATH

County Montgomery  
Township Boon Creek  
or  
Village \_\_\_\_\_  
or  
City Inpton Mo. (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

40  
Registration District No. 576 File No. 7244  
Primary Registration District No. 5787-B Registered No. 1

FULL NAME Maggie Fabez

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

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Feb 1, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Oct 27, 1902  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 20, 1911, to Feb 1, 1911, that I last saw her alive on Jan 31, 1911, and that death occurred, on the date stated above, at L.P. m. The CAUSE OF DEATH\* was as follows:

AGE 48 yrs. 3 mos. 5 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

Cancer of Stomach  
46 B  
46 (Duration) 18 yrs. 1 mos. 5 ds.

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

53F Contributory Multiple Fibroid Tumor  
(Secondary) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Jerseyville Ill.

(Signed) G. F. Perkins M. D.  
Feb 1, 1911 (Address) Gamma Mo.

NAME OF FATHER George McCarty

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

MAIDEN NAME OF MOTHER Maggie McCarty

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jerseyville Ill.

\*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. 9 mos. \_\_\_ ds. In the State 26 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) F. M. Mudd

PLACE OF BURIAL OR REMOVAL Providence

DATE OF BURIAL Feb 2, 1911

UNDERTAKER Crawford & Murphy

ADDRESS Bellflower Mo.

(ADDRESS) Bellflower Mo.

Filed Feb - 1, 1911, R. H. Dyke REGISTRAR

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*, *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 return from business occupations of persons engaged in *Farmer (retired, 8 yrs.)*. Fees, as *Servant*, *Cook*, *House-pation* whatever, write *No* if has been changed or given

**Statement of cause** DISEASE CAUSING DEATH, state DISEASE CAUSING DEATH (illness. If retired from business and causation indicated thus: *Farmer (re-accepted term for the same persons who have no occupation* *meningitis*"); of death.—Name, first, the "Croup"); *Typhoid fever* (not primary affection with remonia"); *Lobar pneumonia*, (not), using always the same monia," unqualified, is indefinite disease. Examples: *Cerebrumeninges*, *peritonaeum*, etc., definite synonym is "Epidemic ..... (name origin; "C"; *Diphtheria* (avoid use of use of "Tumor" for malign (never report "Typhoid umonia; *Bronchopneumonia* is indefinite); *Tuberculosis neum*, etc., *Carcinoma*, *Str-*

*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 septichaemia," "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.)

