

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

PLACE OF DEATH

County Lafayette
Township Waverly
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 465- File No. 10969
Primary Registration District No. 4278 Registered No. 19

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

FULL NAME Cora Lee Shusher

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Apr. 22nd, 1868
(Month) (Day) (Year)
AGE 40 yrs. 10 mos. 11 ds. If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

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

PARENTS
NAME OF FATHER A. B. Shusher
BIRTHPLACE OF FATHER (City or town, State or foreign country) Lafayette Co Mo
MAIDEN NAME OF MOTHER Lovencia Blackburn
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Shannon Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. A. B. Shusher

(ADDRESS) Waverly Mo

Filed Mar 10th 1911 Geo. B. Williamson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 7th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from one visit to _____, 1911, that I last saw her alive on Mar 7th, 1911; and that death occurred, on the date stated above, at 2 P.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis
23A
(Duration) 3 yrs. ____ mos. ____ ds.

Contributory: Tuberculosis
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Geo. B. Williamson M. D.
Mar 8th 1911 (Address) Waverly 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 _____

PLACE OF BURIAL OR REMOVAL Waverly Mo DATE OF BURIAL 3-9- 1911

UNDERTAKER T. R. Landrum ADDRESS Waverly Mo

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,"

may be entered as *Housewife*, more precise specification, as children, not gainfully employer, *Laborer—Coal mine*, etc. Care should be taken to report engaged in the duties of the of persons engaged in domestic *Housekeepers* who receive a *want*, *Cook*, *Housemaid*, etc. entered as *Housewife*, *House-* changed or given up on account of children, not gainfully employed, DEATH, state occupation at b Care should be taken to retired from business, that fact of persons engaged in *Farmer (retired, 8 yrs.)*. For 3, as *Servant*, *Cook*, *House-* pation whatever, write *None*.

Statement of cause of SE CAUSING DEATH, state oc-
DISEASE CAUSING DEATH (the jness. If retired from busi-
spect to time and causation, dicated thus: *Farmer (re-*
accepted term, for the same s who have no occupation
brospinal fever (the only defin
cerebrospinal meningitis"); 1 death.—Name, first, the
"Croup"); *Typhoid fever (nev*, primary affection with rem-
onia"); *Lobar pneumonia*; 1), using always the same
"monia," unqualified, is indefin disease. Examples: *Cere-*
meninges, *perionaeum*, etc., C finite synonym is "Epidemic
..... (name origin; "Cal *Diphtheria* (avoid use of
use of "Tumor" for malign (never report "Typhoid
nonia; *Bronchopneumonia*
s indefinite); *Tuberculosis*
um, 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.)

