

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County WalthTownship Union

Village _____

City _____ (NO. _____)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 904File No. 235011Primary Registration District No. 6215Registered No. 6

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

FULL NAME Eliza White

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX femaleCOLOR OR RACE whiteSINGLE MARRIED married
WIDOWED
OR DIVORCED
(Write the word)DATE OF BIRTH April 23, 1852
(Month) (Day) (Year)AGE 55 yrs. 1 mos. 29 ds.If LESS than
1 day, ____ hrs.
or ____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Farmers wife(b) General nature of industry, business, or establishment in which employed (or employer) 9-0 126

BIRTHPLACE

(City or town, State or foreign country) Kans

PARENTS

NAME OF FATHER Merckel Mack

BIRTHPLACE OF FATHER

(City or town, State or foreign country) KansMAIDEN NAME OF MOTHER X Smith

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) at Kans

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. C. White(ADDRESS) Provo, KyFiled 4/28 1911E. R. Merckel

REGISTRAR

DATE OF DEATH June 22, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 7, 1911, to June 19, 1911, that I last saw her alive on June 19, 1911, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Hall Stone Disease and complications.(Duration) ____ yrs. ____ mos. 15 ds.

Contributory Heart disease & nervous
(SECONDARY) affection (functional) yrs. several years
(Signed) O. P. M. Mills M. D.
4/23 1911 (Address) Grant City

*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 JuneDATE OF BURIAL 6/23 1911UNDERTAKER M. LamyADDRESS Cheridun Mo

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 healthiness 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*, *Marine 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) thus: *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material element of each on may form part of the second statement. **CAUSE OF DEATH** (other than return "Laborer," "Foreman," "Manager," "Salesman," etc., without more precise specification, as in the case of *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. The synonym at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a report of their salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *Child*, *at school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic or domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, state on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, state that fact may be indicated thus: *Farmer* (retired), 6 yrs.). For persons who have no occupation, never write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with reference to time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (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 cause can be ascertained as the cause. Always state cause for which surgical operation taken. 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.)

