

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

**PLACE OF DEATH**

County Adair  
Township Barton  
or W. T. J.  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Hioksville (NO. 410 S. Union St. 4 Ward)

Registration District No. 4 File No. 23522

Primary Registration District No. 3001 Registered No. 80

**FULL NAME** Annie Mayotte Stehley

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

**PERSONAL AND STATISTICAL PARTICULARS**

<b>SEX</b> <u>Female</u>	<b>COLOR OR RACE</b> <u>white</u>	<b>SINGLE MARRIED WIDOWED OR DIVORCED</b> (Write the word) <u>Married</u>
<b>DATE OF BIRTH</b> <u>June 24, 1875</u> (Month) (Day) (Year)		
<b>AGE</b> <u>35</u> yrs. <u>8</u> mos. <u>17</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?		

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

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

<b>PARENTS</b>	<b>NAME OF FATHER</b> <u>Harry Tremmond</u>
	<b>BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>England</u>
	<b>MAIDEN NAME OF MOTHER</b> <u>Margaret Lichty</u>
	<b>BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>Foostburg Ind</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(ADDRESS) Margaret Tremmond

Filed 7-12 1911 Hioksville Mo.  
REGISTRAR E. J. Allison

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH**  
July 11, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 13, 1909, to July 11, 1911, that I last saw him alive on July 11, 1911, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
2.3A

(Duration) yrs. mos. ds.  
9/10

Contributory None  
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) E. A. Green M. D.  
July 12, 1911 (Address) Hioksville 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** Leadbryn **DATE OF BURIAL** July 13, 1911

**UNDERTAKER** J. J. Angermeier **ADDRESS** Hioksville

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.

WHILE FADING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

# 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, 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 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Adair

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

Township \_\_\_\_\_

Registration District No. 4

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 3001

Registered No. 89

City Kirksville (NO. 410 S. Marion St. 4 Ward)

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

FULL NAME Annie Myrtle Atchley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married

DATE OF DEATH July 11, 1911 (Month) (Day) (Year)

DATE OF BIRTH 9 24 1875 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 9, 1911 to July 11, 1911, that I last saw her alive on July 11, 1911, and that death occurred, on the date stated above, at 3 P. m.

AGE 35 yrs. 8 mos. 17 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. 2

THE CAUSE OF DEATH\* was as follows: Pulmonary Tuberculosis

OCCUPATION (a) Trade, profession, or particular kind of work at home (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS NAME OF FATHER Larry Hammond BIRTHPLACE OF FATHER England MAIDEN NAME OF MOTHER Margaret Dichty BIRTHPLACE OF MOTHER Farmington, Mo.

Contributory (SECONDARY) None (Signed) C. A. Lyon M. D. (Address) Kirksville, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Hammond (ADDRESS) Kirksville, 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 \_\_\_\_\_

Filed 7-12, 1911 E. Colwell REGISTRAR

PLACE OF BURIAL OR REMOVAL Ladewlyn DATE OF BURIAL July 12, 1911 UNDERTAKER J. Ingwin ADDRESS Kirksville

Original file, date 7-12, 1911. All information called for must be written on this Supplementary Certificate.

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*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.)

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