

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.

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

PLACE OF DEATH

County Caloway  
Township Summit  
or  
Village  
or  
City (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 103 File No. 23827

Primary Registration District No. 6162 Registered No. 8

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

FULL NAME Mrs Mary Meng

PERSONAL AND STATISTICAL PARTICULARS.

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

DATE OF BIRTH Apr 30, 1941  
(Month) (Day) (Year)

AGE 70 yrs. 1 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired school teacher  
(b) General nature of industry, business, or establishment in which employed (or employer) U.S. G.

BIRTHPLACE (City or town, State or foreign country) near Cedar City, Mo Caloway Co.

NAME OF FATHER Charles Meng

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

MAIDEN NAME OF MOTHER Catherine Murry

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luella Waggoner

(ADDRESS) Cedar City

Filed July 24, 1941 Cert Gose REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2, 1941  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 27, 1941, to June 2, 1941, that I last saw her alive on May 27, 1941, and that death occurred, on the date stated above, at 6:20 P.M.

The CAUSE OF DEATH\* was as follows:  
Paralysis (Lateral Sclerosis of spinal cord)  
X10A (Duration) 6 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (Secondary) none  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Jas. A. Hill M. D.  
June 3, 1941 (Address) Jefferson City, 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 4 yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death? Slater, Mo.

Former or usual residence Slater Mo.

PLACE OF BURIAL OR REMOVAL Meng Cemetery Cedar DATE OF BURIAL June 3, 1941  
UNDERTAKER ADDRESS

# 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.)



## PLACE OF DEATH

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

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty Callaway  
Township Summit  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 103 File No. \_\_\_\_\_Primary Registration District No. 5152 Registered No. 8

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

FULL NAME

Miss Mary Meng.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single

DATE OF BIRTH

Apr. 30, 1841  
(Month) (Day) (Year)

AGE

70 yrs. 1 mos. 2 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

(a) Trade, profession, or particular kind of work Retired school teacher  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country) Callaway Co. near Cedar City?

PARENTS

NAME OF FATHER

Charles Meng

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

Virginia

MAIDEN NAME OF MOTHER

Catherine Murry

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

Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luella Waggoner(ADDRESS) Cedar CityFiled X Sept 2, 1911, by E. R. Goss

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 2, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

May 27, 1911, to June 2, 1911,  
that I last saw her alive on May 27, 1911,and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH\* was as follows:

Paralysis (lateral Sclerosis of spinal cord.)(Duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory (SECONDARY) none

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

(Signed) Gas. A. Hill M. D.June 3, 1911 (Address) Jefferson City, 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 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Where was disease contracted if not at place of death? Slater Mo.Former or usual residence Slater Mo.

PLACE OF BURIAL OR REMOVAL

Meng Cemetery, Cedar

DATE OF BURIAL

June 3, 1911

UNDERTAKER

No Name Given

ADDRESS

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Association]

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