

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 Howell

Township North Valley

or

Village \_\_\_\_\_

or

City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 979

File No. 24500

Primary Registration District No. 5537

Registered No. 2

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

FULL NAME Ellie C. Marsh

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec 7<sup>th</sup>, 1910  
(Month) (Day) (Year)

AGE \_\_\_\_\_ yrs. 6 mos. 19 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none 1198  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 158

BIRTHPLACE (City or town, State or foreign country) Howell Co

NAME OF FATHER Joseph Marsh

BIRTHPLACE OF FATHER (City or town, State or foreign country) Petersburg 207

MAIDEN NAME OF MOTHER Mary C. Evans

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Marsh

(ADDRESS) Willow Springs

Filed 7-1 1911 J. S. D. K.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 26, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to \_\_\_\_\_, 1911, that I last saw h alive on \_\_\_\_\_, 1911,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH\* was as follows:  
The child had no physician in attendance, but it was sick with Bawey Trachly and died (Duration) yrs. \_\_\_\_\_ mos. 5 ds.

Contributory to bad nutrition (Secondary) (Duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed J. E. Haycraft M. D. (Address) Willow Springs Mo  
June 26, 1911

\*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 Moffatt DATE OF BURIAL 6-27 1911

UNDERTAKER Joseph Reinhard ADDRESS W. Spr.

# 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 healthness of various pursuits can be known. The question applies to each and every person, irrespective of how many occupations a single word or term on the line will be sufficient, e. g., *Farmer or Planter, Composer, Architect, Locomotive engineer, Fireman, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to give (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Automobile factory*. The material on this line may form part of the second statement. Examples: *Iron "Laborer," "Foreman," "Manager,"* etc., without more precise specification, as *Farm laborer, Laborer—Coal mine*, etc. *Domestic*, who are engaged in the duties of the *Housekeeper* (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, Housewife, and children*, not gainfully employed, or *At home*. Care should be taken to really state the occupations of persons engaged in service for wages, as *Servant, Cook, Housekeeper*. If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state the beginning of illness. If retired from business, the date may be indicated thus: *Farmer (retired)*. For persons who have no occupation state *None*.

**Statement of cause of death.**—Name, first, the primary affection with reference to the death (the primary affection with reference to causation), using always the same name for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "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.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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