

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

PLACE OF DEATH

County Carroll

Township _____

or _____

Village _____

or Carroll

City Carroll

Registration District No. 135

File No. 27627

Primary Registration District No. 3010

Registered No. 81

Carroll St. 110 Dawling Ave. St. 2 Ward

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

FULL NAME Mary Edna Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED Widow
(Write the word)

DATE OF BIRTH Jan 1, 1891
(Month) (Day) (Year)

AGE 20 yrs. 7 mos. 19 ds. If LESS than 1 day, / hrs. or / min.?

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

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

NAME OF FATHER Edward Mirdieth

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

MAIDEN NAME OF MOTHER Mathie Switzler

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. D. W. Blake

(ADDRESS) Carrollton Mo.

Filed Aug. 20 1911 A. E. Austin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 2, 1911, to Aug 19, 1911, that I last saw her alive on August 18, 1911, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Laryngeal Tuberculosis
23A

29B
about eight months ds.

Contributory Scrophula
(SECONDARY) (Duration) from birth ds.
(Signed) W. H. Gailin M. D.
Aug 20, 1911 (Address) Carrollton, 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 1 yrs. 7 mos. 19 ds. In the State 1 yrs. 7 mos. 19 ds.
Where was disease contracted if not at place of death?
Former or usual residence.

PLACE OF BURIAL OR REMOVAL Moberly Mo. DATE OF BURIAL Aug. 1911

UNDERTAKER E. Hayes ADDRESS Carrollton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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, peritonaeum*, 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.)



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

PLACE OF DEATH
County Carroll
Township _____
or _____
Village _____
or _____
City Carrollton (NO. 110 Bowling Ave St.: 2 Ward)

Registration District No. 135- File No. _____
Primary Registration District No. 3010 Registered No. 81

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

FULL NAME Mary Edna Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED Widow
(Write the word)
DATE OF BIRTH Jan 1, 1891
(Month) (Day) (Year)
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OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____

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

NAME OF FATHER Edward Mirdith
BIRTHPLACE OF FATHER (City or town, State or foreign country) Howard Co. Mo
MAIDEN NAME OF MOTHER Mattie Switzer
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Howard Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ida P. Blacke
(ADDRESS) Carrollton Mo
Filed Oct. 4 1911 A. E. Austin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19, 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Aug 2, 1911, to Aug 19, 1911,
that I last saw her alive on Aug 18, 1911,
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

about 8 months
(Duration) (yrs.) (mos.) (ds.)

Contributory Scrophula
(SECONDARY) (Duration) from birth (yrs.) (mos.) (ds.)

(Signed) W. H. Gattlin M. D.
Aug 20, 1911 (Address) Carrollton Mo

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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 Roberts Mo DATE OF BURIAL Aug 20, 1911

UNDERTAKER E. Mayo ADDRESS Carrollton

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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