

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

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

PLACE OF DEATH  
 County Carroll  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Carrollton (NO. North Monroe St. 4<sup>th</sup> Ward)

Registration District No. 135- File No. 27629  
 Primary Registration District No. 3010 Registered No. 83

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

**FULL NAME** Annie Kelly

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Female COLOR OR RACE White SINGLE MARRIED Married  
 WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH Sept 9 1890  
July 9 1890  
 (Day) (Year)  
 AGE 21 yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. or min.?  
 OCCUPATION Housewife  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer) G.O.

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

**PARENTS**  
 NAME OF FATHER Joseph K. Fugit  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mercer Co., Mo.  
 MAIDEN NAME OF MOTHER Margaret A. Cruise  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Des Moines, Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. K. Fugit  
 (ADDRESS) Carrollton, Mo.

Filed Aug 29 1911 A. E. Austin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 27 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 26<sup>th</sup> Aug., 1911, to 27<sup>th</sup> Aug., 1911,  
 that I last saw her alive on 27<sup>th</sup> Aug., 1911,  
 and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Eclampsia  
146  
14 3/13 (Duration) yrs. - mos. 2 ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) yrs. - mos. - ds.  
 (Signed) H. H. Full M. D.  
28 Aug. 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 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 Oak Hill Cemetery DATE OF BURIAL 8-29 1911

UNDERTAKER J. E. Willis ADDRESS Carrollton, Mo.

# 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*, *Compositor*, *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

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

PLACE OF DEATH  
County Carroll  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Carrollton (NO. \_\_\_\_\_)

Registration District No. 135 File No. \_\_\_\_\_  
Primary Registration District No. 3010 Registered No. 83-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Annice B Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OF RACE W SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)  
DATE OF BIRTH 2-9-1890  
(Month) (Day) (Year)  
AGE 21 yrs. 6 mos. 19 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS  
NAME OF FATHER Joe R. Knight  
BIRTHPLACE OF FATHER Missouri  
Maiden name of mother Mary A. Levasse  
BIRTHPLACE OF MOTHER Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. P. Knight  
(ADDRESS) Carrollton

Filed Oct. 31 1911 A. E. Austin  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-27, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to 8/27, 1911,  
that I last saw him alive on 8/27, 1911,  
and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Eclampsia  
This patient was pregnant & found in convulsions, no previous history of eclampsia or symptoms (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

Contributory inon without if was pregnancy  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) H. W. Tull M.D.  
8/28, 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 \_\_\_\_\_ 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 Oak Hill Cem DATE OF BURIAL 8-29 1911  
UNBERTAKER J. E. Willis ADDRESS Carrollton

Original file, date AUG 29 1911 All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

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

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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 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.)

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