

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

61  
PLACE OF DEATH  
County Howard  
Township Burlton  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 378 File No. 28130  
Primary Registration District No. 5528 Registered No. 69

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

FULL NAME Arcella Elgin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Married  
(If wife the word)  
DATE OF BIRTH April 29, 1881  
(Month) (Day) (Year)  
AGE 29 yrs. 3 mos. 21 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION  
(a) Trade, profession, or particular kind of work 9-56  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS  
NAME OF FATHER Bruce Stahleton  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Howard, Mo.  
MAIDEN NAME OF MOTHER Sarah Stahleton  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Howard, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sarah Stahleton

(ADDRESS) Gayette road  
Filed Aug 26 1911 V. J. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 4, 1911, to 8-20, 1911, that I last saw her alive on 8-20, 1911, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH\* was as follows:  
Carcinoma of uterus  
(Duration) 5 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) J. L. Richards M. D.  
Aug 26 1911 (Address) Gayette road

\* 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 Gayette road DATE OF BURIAL 8/21 1911  
UNDERTAKER Wm. Kelly ADDRESS Gayette road

# 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 of statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.



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 Howard  
Township Burton  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 378 File No. \_\_\_\_\_  
Primary Registration District No. 55-25 Registered No. 59

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

FULL NAME Percilla Elgin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE MARRIED widow WIDOWED OR DIVORCED (If write the word)  
DATE OF BIRTH Apr 29, 1881  
(Month) (Day) (Year)  
AGE 27 yrs. 3 mos. 21 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) Howard Co

PARENTS  
NAME OF FATHER Brad Stables  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Howard Co  
MAIDEN NAME OF MOTHER Sarah Stables  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Howard Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sarah Stables  
(ADDRESS) Fayette Mo

Filed Sept 29, 1911 REGISTRAR J. D. Pochaw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20, 1911  
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Aug 4, 1911, to 8-20, 1911, that I last saw her alive on 8-20, 1911, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH\* was as follows:  
Carcinoma of uterus

Contributory \_\_\_\_\_ (Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. C. Richards M. D.  
Aug 26, 1911 (Address) Fayette Mo

\*State the Disease Causing Death, or, in death 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 Fayette Mo DATE OF BURIAL 8-21, 1911  
UNDERTAKER Lucy Holley ADDRESS Fayette Mo

# Revised United States Standard Certificate of Death

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

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