

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

PLACE OF DEATH

County Macon

Township Morrow

Village College Springs

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

Registration District No. 529

File No. 28825

Primary Registration District No. 5706

Registered No. 12

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

FULL NAME Mary Elizabeth Miles

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH July 17, 1911  
(Month) (Day) (Year)

DATE OF BIRTH August 10, 1898  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3, 1911, to July 14, 1911, that I last saw her alive on July 14, 1911, and that death occurred, on the date stated above, at X m.

AGE 22 yrs. 11 mos. 24 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
191B Paralysis Agitans

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

(Duration) 20 yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory Broncho Pneumonia

BIRTHPLACE (City or town, State or foreign country) North Carolina

(Duration) X yrs. X mos. 14 ds.  
Signed) D. F. W. Allen M. D.  
8-10, 1911 (Address) Callao Mo.

NAME OF FATHER Bashy Pawell

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

MAIDEN NAME OF MOTHER Willie Sparrow

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

\*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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brendis Marshall

(ADDRESS) Callao Mo.

PLACE OF BURIAL OR REMOVAL Union County DATE OF BURIAL 7/18, 1911

UNDERTAKER J. Bricker ADDRESS Callao

Filed Y, 1911

REGISTRAR

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

# 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.)



County Macon Registration District No. 529 File No. 28825  
 Township Morrow or Village \_\_\_\_\_ Primary Registration District No. 5706 Registered No. 12  
 City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

Mary Elizabeth Miles

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widow  
 (Write the word)  
 DATE OF BIRTH Aug. 10, 1838  
 (Month) (Day) (Year)  
 AGE 72 yrs. 11 mos. 24 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
 (a) Trade, profession, or particular kind of work Invalid 20 yrs.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Very Bad

BIRTHPLACE  
 (City or town, State or foreign country) North Carolina

PARENTS  
 NAME OF FATHER Basly Powell  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina  
 MAIDEN NAME OF MOTHER Willie Sparrow  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Burdie Marshall  
 (ADDRESS) Callas Ms.

Filed 8-10 1911 J. P. Trippe  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3, 1911, to July 14, 1911,  
 that I last saw her alive on " ", 1911,  
 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH\* was as follows:

Paralysis Agitans

(Duration) 20 yrs. \_\_\_ mos. \_\_\_ ds.  
 Contributory Bronch Pneumonia  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 14 ds.  
 (Signed) Dr. J. W. Allen M. D.  
8-10, 1911 (Address) Callas Ms.

\*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 Union Cemetery DATE OF BURIAL July 18, 1911  
 UNDERTAKER J. Bricker ADDRESS Callas

# Revised United States Standard Certificate of Death

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

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