

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 nodaway
Township _____ or _____
Village _____ or _____
City Maryville (NO. East 4 St. _____ Ward _____)

Registration District No. 620 File No. 29025
Primary Registration District No. 3031 Registered No. 78

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

FULL NAME Julia A. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>July 30th 1847</u> (Month) (Day) (Year)		
AGE <u>69</u> yrs. <u>13</u> mos. <u>13</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-10</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Madison Ind.</u>		
PARENTS	NAME OF FATHER <u>Abbott</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wales</u>	
	MAIDEN NAME OF MOTHER <u>Stringfellow</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wyo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 30, 1911, to Aug. 13, 1911, that I last saw her alive on Aug. 13, 1911, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Acute gastritis
93 B
125 B
118 C (Duration) ___ yrs. ___ mos. ___ ds.
Contributory Disease of Liver & Gall
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) H. D. Koch M. D.
Aug 15, 1911 (Address) Maryville

*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) Geo. S. Baker
(ADDRESS) Maryville, Mo.
Filed Aug 10, 1911. E. R. Anthony
REGISTRAR

PLACE OF BURIAL OR REMOVAL Catholic Maryville Mo DATE OF BURIAL Aug 16, 1911
UNDERTAKER J. S. Pauley ADDRESS Maryville 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*, *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*, *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.)



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 Madison

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

Township _____

Registration District No. 625

File No. _____

or

Village _____

Primary Registration District No. 3031

Registered No. 74

or

City Maryville

(No. Dist 4)

St.: _____ Ward)

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

FULL NAME Julia Baker

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F

COLOR OR RACE N.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M.

DATE OF DEATH 8 - 13, 1911

(Month)

(Day)

(Year)

DATE OF BIRTH 7 - 30, 1842

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from 8-13, 1911, to 8-13, 1911,

that I last saw her alive on 8-13, 1911,

and that death occurred, on the date stated above, at 10 P. m.

AGE 69 yrs. 13 mos. 13 ds.

If LESS than 1 day, ____ hrs. or ____ mins.

The CAUSE OF DEATH* was as follows:

Chronic gastritis

OCCUPATION

(a) Trade, profession, or particular kind of work Widow

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country) Madison, Mo.

NAME OF FATHER W. S. Baker

BIRTHPLACE OF FATHER (City or town, State or foreign country) Madison, Mo.

MAIDEN NAME OF MOTHER Stringfellow

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Baker

(ADDRESS) Maryville, Mo.

Contributory Disease of liver & spleen

(SECONDARY)

Duration, yrs. ____ mos. ____ ds.

(Signed) L. N. Koch M. D.

8-15, 1911 (Address) Maryville

*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 Maryville, Mo.

DATE OF BURIAL 8-16, 1911

Filed Oct 5, 1911

T. R. Anthony REGISTRAR

UNDERTAKER J. C. Bailey

ADDRESS Maryville, Mo.

Original file, date Mar 15, 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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