

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 Ray  
Township Richmond  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 744 File No. 29253  
Primary Registration District No. 5976B Registered No. 66

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

FULL NAME Alma M. Sumner

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug 27, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Dec 30, 1840  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 27, 1911, to Aug 27, 1911, that I last saw her alive on Aug 27, 1911, and that death occurred, on the date stated above, at 129 m.

AGE 71 yrs 7 mos 29 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) None

The Ark Funeral Home  
1015 1/2 E. 12th St. Richmond, Mo.  
10 (Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Evansville Indiana

Contributory (SECONDARY) (Duration) yrs. mos. ds.

PARENTS NAME OF FATHER Ed Walker BIRTHPLACE OF FATHER (City or town, State or foreign country) Maine MAIDEN NAME OF MOTHER Margaret Stanton BIRTHPLACE OF MOTHER (City or town, State or foreign country) Maine

(Signed) J. West Smith M. D. 8/27/11 (Address) Richmond, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Colvin S. Sumner (ADDRESS) Lynchington Mo

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

Filed Aug 28, 1911. Geo. H. Hunt Deputy REGISTRAR

PLACE OF BURIAL OR REMOVAL Lynchington Mo DATE OF BURIAL Aug 29, 1911 UNDERTAKER Starnett & Co Richmond ADDRESS 710

# 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.)



PLACE OF DEATH.

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.

County Ray  
Township Richmond  
or  
Village  
or  
City

Registration District No. 744 File No.  
Primary Registration District No. 5976 B Registered No. 66

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

FULL NAME Uma M. Duncan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OF RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W.

DATE OF DEATH 8-27, 1911  
(Month) (Day) (Year)

DATE OF BIRTH 12-30, 1845  
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from 8-27, 1911, to 8-27, 1911, that I last saw her alive on 8-27, 1911, and that death occurred, on the date stated above, at 12m.

AGE 41 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min. 2

THE CAUSE OF DEATH was as follows:

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

Heart Failure caused by Stomach & Bowel trouble  
(Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Leicester, Virginia

PARENTS  
NAME OF FATHER Ed. Taylor  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Lebanon, Maine  
MAIDEN NAME OF MOTHER Mary Stanton  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lebanon, Maine

Contributory (secondary) (Duration) yrs. mos. ds.  
(Signed) Geo. W. Smith M. D.  
8-27, 1911 (Address) Richmond, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Calvin S. Duncan  
(ADDRESS) Lexington, 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

Filed Aug 28 1911 Geo. W. Smith REGISTRAR  
Deputy

PLACE OF BURIAL OR REMOVAL Lexington Mo DATE OF BURIAL 8-29 1911  
UNDERTAKER Struett Co ADDRESS Richmond

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[[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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