

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 Lincoln
 Township Missouri
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 494 File No. 21889
 Primary Registration District No. 5658 Registered No. 6

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

FULL NAME Mary Mildred Moran

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 Sept 18, 1911
(Month) (Day) (Year)

DATE OF BIRTH February 2, 1897
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 7, 1911, to Sept 18, 1911, that I last saw her alive on August 17, 1911, and that death occurred, on the date stated above, at 4 h. m.

AGE 84 yrs. 7 mos. 15 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 Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) ASD

My diagnosis was
Senile arterio-sclerosis
97
16 1/2 (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Washington County, Ky.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
 (Signed) [Signature] M. D.
 _____, 1911 (Address)

PARENTS
 NAME OF FATHER James Mudd
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
 MAIDEN NAME OF MOTHER Mary Mildred Mudd
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

*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) William Moran
 (ADDRESS) Olney, 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 Sept 19, 1911 W L Northcutt
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Millwood, Mo. DATE OF BURIAL Sept 19, 1911
 UNDERTAKER J B Brown ADDRESS Olney, 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 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 on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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

PLACE OF DEATH
 County Lincoln
 Township Ninewah
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 494 File No. _____
 Primary Registration District No. 5658 Registered No. 6

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

FULL NAME Mary Mildred Moran

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED OR DIVORCED <u>widowed</u> (Write the word)	DATE OF DEATH <u>Sept 18</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb 2</u> , 18 <u>27</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 7</u> , 191 <u>1</u> , to <u>Sept 18</u> , 191 <u>1</u> , that I last saw <u>her</u> alive on <u>Aug 17</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>49</u> m.	
AGE <u>84</u> yrs. <u>7</u> mos. <u>15</u> ds.			If LESS than 1 day, ___ hrs. or ___ min.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u>			The CAUSE OF DEATH* was as follows: <u>my diagnosis was senile arterio-sclerosis</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) ___ yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Washington, Ky.</u>			Contributory <u>first symptoms of arterio-capillary sclerosis July 7-11</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Jarvis M. Midd</u>		(Signed) <u>W. L. Northcutt</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>		191 <u>1</u> (Address) <u>Olney, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Mary Mildred</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death, ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>William Moran</u>			Where was disease contracted If not at place of death?	
(ADDRESS) <u>Olney Mo</u>			Former or usual residence	
Filed <u>Sept 19</u> , 191 <u>1</u> <u>W. L. Northcutt</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Milwood Mo</u>	DATE OF BURIAL <u>Sept 19</u> , 191 <u>1</u>
			UNDERTAKER <u>J. B. Brown</u>	ADDRESS <u>Pilex Mo</u>

Original file, date SEP 19, 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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