

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

PLACE OF DEATH

County Pettis
Township Medicine
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 717 File No. 32350
Primary Registration District No. 5946 Registered No. 5

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

FULL NAME

Mary Jane Ballard

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH Feby 20, 1870
(Month) (Day) (Year)

AGE 41 yrs. 6 mos. 26 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) Terre haut pettis Co Mo

PARENTS
NAME OF FATHER Samuel Parrish
BIRTHPLACE OF FATHER Pettis County Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Lucinda Barnett
BIRTHPLACE OF MOTHER Pettis County Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. S. Parrish
(ADDRESS) Lucerne Mo.

Filed Sept 16 1911 F. D. Rice
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 16, 1911, to Sept 16, 1911, that I last saw her alive on Sept 16, 1911, and that death occurred, on the date stated above, at 11:45 am. The CAUSE OF DEATH* was as follows:

Heart Failure
2 hours (Duration) ____ yrs. ____ mos. ____ ds.

Contributory Don't know
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) G. A. Steele M. D.
Sept 16, 1911 (Address) Lucerne 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 Lucerne Mo.

PLACE OF BURIAL OR REMOVAL Lucerne Co. DATE OF BURIAL 9-17, 1911

UNDERTAKER J. Lee Hawk ADDRESS Lucerne 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*, *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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County PutnamTownship Medicine

or

Village

or

City

Registration District No. 717

File No.

Primary Registration District No. 5946Registered No. 13

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

FULL NAME Mary Jane Ballard

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)DATE OF BIRTH 2-20, 1870
(Month) (Day) (Year)AGE 41 yrs. 6 mos. 26 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) Laurens - Putnam Co

PARENTS

NAME OF FATHER David ParrishBIRTHPLACE OF FATHER
(City or town, State or foreign country) Putnam CoMAIDEN NAME OF MOTHER Elizabeth BarrettBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Putnam Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. Parrish(ADDRESS) Lucerne, Nev.Filed 11-5 1911 70 Rice

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-16, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from 9-16, 1911, to 9-16, 1911, that I last saw her alive on Sept. 16, 1911, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure Contributory
Cause unknown(Duration) 2 hrs. yrs. mos. ds.Contributory Unknown
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. A. Steele M.D.
9216, 1911 (Address) Lucerne, Nev.

*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? XFormer or usual residence XPLACE OF BURIAL OR REMOVAL Lucerne Bur. DATE OF BURIAL 9-17, 1911UNDERTAKER J. Lee Hawk ADDRESS LucerneOriginal file, date 9-16, 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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