

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City _____

Registration District No. **791**

File No. **33001**

Primary Registration District No. **1003**

Registered No. **8476**

FULL NAME *Clarence H. Malcum*

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female*

COLOR OR RACE *White*

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) *Single*

DATE OF DEATH *Sept. 15*, 191*1*

(Month)

(Day)

(Year)

DATE OF BIRTH *Dec. 22*, 19*10*

(Month)

(Day)

(Year)

AGE *8* yrs. *23* mos. *23* ds.

If LESS than 1 day, ___ hrs. or ___ min.?

I HEREBY CERTIFY, that I attended deceased from *June 30*, 191*1*, to *Sept. 15*, 191*1*, that I last saw *her* alive on *Sept. 15*, 191*1*, and that death occurred, on the date stated above, at *9 p.* m.

The CAUSE OF DEATH* was as follows:

Enteritis

OCCUPATION

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

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

BIRTHPLACE

(City or town, State or foreign country) *Vigors, Mo.*

NAME OF FATHER *John Brown*

BIRTHPLACE OF FATHER

(City or town, State or foreign country) *Ky.*

MAIDEN NAME OF MOTHER *Nancy Marcum*

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) *Ky.*

Contributory (SECONDARY) *Inanition*

(Duration)

yrs.

mos.

ds. *5*

(Signed) *John H. Brady*

M. D.

Sept 16, 191*1*

(Address)

1467 Union

* 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 *3* yrs. *3* mos. *3* ds. in the State *3* yrs. *3* mos. *3* ds.

Where was disease contracted if not at place of death?

Former or usual residence *Vigors, Mo.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Sister Vincent*

(ADDRESS) *St. Ann's Assy.*

PLACE OF BURIAL OR REMOVAL *Cabway Cemetery*

DATE OF BURIAL *9-16*, 191*1*

Filed *SEP 16* 191*1*

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Max C. Starkloff

REGISTRAR

UNDERTAKER *Asylum*

ADDRESS *5301 Page*

United States Standard Certificate of Death

for the same used by U. S. Census and American Public Health Association)

of the same (the only definite synonym is "meningitis");

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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.)