

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

PLACE OF DEATH

County Bates
Township Edwards
or
Village
or
City (No. _____ St. _____ Ward _____)

Registration District No. 49
Primary Registration District No. 50.77

File No. 33674
Registered No. 8

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

FULL NAME Elizabeth Cowdery

PERSONAL AND STATISTICAL PARTICULARS

SEX Female
COLOR OR RACE W
SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married
DATE OF BIRTH Oct 17 1862
(Month) (Day) (Year)
AGE 58 yrs. 11 mos. 11 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) by self
BIRTHPLACE (City or town, State or foreign country) North Co Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from 10:30 AM, 1911, to Oct 6th, 1911, that I last saw her alive on October 5th, 1911, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:
23A Pulmonary Tuberculosis
Apparently a result of accident
by R.R. wreck Oct 4th 1904
exact (Duration) about 7 years ds.
Contributory Railway accident
(SECONDARY)
(Duration) 1 yrs. 11 mos. 11 ds.
(Signed) W.C. Christy M. D.
Oct 6th 1911 (Address) St. Louis 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 _____

PLACE OF BURIAL OR REMOVAL Mount Vernon DATE OF BURIAL 1911
UNDERTAKER H. Can ADDRESS Adena Mo

PARENTS
NAME OF FATHER J. N. Robour
BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana
MAIDEN NAME OF MOTHER Sarah J. Wilkison
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant) W.A. Gentry
ADDRESS) Adena Mo
(Signed) W. B. Marten REGISTRAR

This is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Many occupations a single word or term on the certificate, 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 less definite; avoid use neoplasms); *Measles*; *Wilar heart disease*; *Chronic contributory* (secondary (not be stated unless impo ease causing death), 29 onday), 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.)

definitely. Examples: *railway train—accident*; *Poisoned by carbolic acid* of the injury, as fracture *sepsis*, *tetanus*) may be s tributory." (Recommend death approved by Com American Medical Associ

