

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Butler
Township St Francis
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)Registration District No. 990 File No. 33850
Primary Registration District No. 5133 Registered No. _____

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

FULL NAME Mary J Branscom

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word) Married

DATE OF BIRTH

Aug 29, 1875
(Month) (Day) (Year)

AGE

35 yrs. 11 mos. 26 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION

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

BIRTHPLACE

(City or town, State or foreign country) Green Hill

NAME OF FATHER

W B Bingham

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Kc

MAIDEN NAME OF MOTHER

Mary J Bingham

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wiley L Branscom(ADDRESS) Rombauer MoFiled Oct 5, 1911 L. M. Kinney
Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Aug 26, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Aug 24, 1911, to Aug 24, 1911, that I last saw her alive on Aug 24, 1911, and that death occurred, on the date stated above, at 8-a.m. The CAUSE OF DEATH* was as follows:congestion of the brain82 64(Duration) 0 yrs. 0 mos. 0 ds.

Contributory

(SECONDARY)

(Duration) 0 yrs. 0 mos. 4 ds.(Signed) Dr. H. J. Halliday M. D.Oct 5, 1911 (Address) Rombauer

*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 Ill

PLACE OF BURIAL OR REMOVAL

char grave open Aug 27, 1911

UNDERTAKER

Joe Beck

DATE OF BURIAL

ADDRESS

Rombauer

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 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

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

PLACE OF DEATH
County Buier
Township St. Francois
or
Village
or
City

Registration District No. 990 File No.
Primary Registration District No. 5733 Registered No.
St.: Ward

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

FULL NAME Mary J. Branscom

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED
(If write the word)
DATE OF BIRTH Aug 29, 1875
(Month) (Day) (Year)
AGE 35 yrs. 11 mos. 26 ds.
If LESS than 1 day, hrs. or min.

DATE OF DEATH Aug 26, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Aug 24, 1911, to Aug 24, 1911, that I last saw her live on Aug 24, 1911, and that death occurred, on the date stated above, at 8 a.m.

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

The CAUSE OF DEATH* was as follows:
Congestion of the Brain
(Duration) 0 yrs. 0 mos. 0 ds.

BIRTHPLACE (City or town, State or foreign country) Green Co. Mo.

Contributory (SECONDARY) (Duration) 0 yrs. 0 mos. 0 ds.

PARENTS
NAME OF FATHER J. N. Branscom
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER Mary J. Branscom
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

(Signed) Dr. W. H. Holliday M. D.
Oct 5, 1911 (Address) Roubauer

*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) Wiley L. Branscom
(ADDRESS) Roubauer Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?
Former or usual residence Ill.

Filed Dec 9, 1911 L. M. P. Kinney REGISTRAR
Local

PLACE OF BURIAL OR REMOVAL Hain graveyard DATE OF BURIAL Aug 27, 1911
UNDERTAKER Joe Beck ADDRESS Roubauer

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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