

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

PLACE OF DEATH

County Johnson

Township _____

or _____

Village _____

or Holden

City _____ (NO. _____)

Registration District No. 427

File No. 35000

Primary Registration District No. 4253

Registered No. 31

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

FULL NAME Mrs Martha Caldwell Harlan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED married
WIDOWED widow
OR DIVORCED
(If file the word)

DATE OF DEATH

Sept 30th, 1911
(Month) (Day) (Year)

DATE OF BIRTH

apl 26th 1832
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 20, 1910, to Sept 30, 1911, that I last saw her alive on September 20, 1911, and that death occurred, on the date stated above, at 11:55 P.M.

AGE

79 yrs. 5 mos. 4 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

Housewife

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

Widow

Senile Debility 57
had Rheumatism for 20 years
(Duration) 20 yrs. 4 mos. 7 ds.

BIRTHPLACE

(City or town, State or foreign country) Mustang Co. O.

Contributory

(SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

PARENTS

NAME OF FATHER

William Finney

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER

Don't know

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Don't know

(Signed) J. P. Simpson M. D.
Sept 30 1911 (Address) Holden 7110

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Harlan

(ADDRESS) Holden Mo

PLACE OF BURIAL OR REMOVAL

Holden Cem

DATE OF BURIAL

Oct 2, 1911

UNDERTAKER

L. O. Merritt

ADDRESS

Holden, Mo

1911 Edward Andrew, Mo

REGISTRAR

OCT 2 1911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH 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. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Compositor, Architect, Locomotive engineer,*

S. No. *Teacher, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill; (a) Saltzman, (b) Grocery;*

**N. B.—E
CAUTION**

(b) *Automobile factory.* The material may form part of the second statement. In many cases, such as *“Laborer,” “Foreman,” “Manager,”* etc., without more precise specification, as *“Farm laborer, Laborer—Coal mine, etc.* For persons who are engaged in the duties of the home, who are engaged in the duties of the home, may be entered as *Housewife, Housewife, and children, not gainfully employed, At home.* Care should be taken to record the occupations of persons engaged in domestic service for wages, as *Servant, Cook, House-* If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired 5 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, meningis, 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.)

HUGH STEPHENS, JEFFERSON CITY.



Original file date

Filed

19

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