

PROPERTY UNCLASSIFIED. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH  
County Pettis  
Township \_\_\_\_\_  
or  
Village Hughesville  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 666 File No. 38772  
Primary Registration District No. 4399 Registered No. 4

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

FULL NAME Amy Harris Mc Gruder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH Feb 27, 1887  
(Month) (Day) (Year)

AGE 54 yrs 9 mos ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none, at home  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

BIRTHPLACE (City or town, State or foreign country) Hebron Ohio

PARENTS  
NAME OF FATHER Geo A Harris  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Harrisburg Pa  
MAIDEN NAME OF MOTHER Angelina Myers  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Harrisburg Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mark A Mc Gruder  
(ADDRESS) Sedalia Mo

Filed Nov 29, 1911 H. T. Bishop  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 10, 1911, to Nov 27, 1911, that I last saw her alive on Nov 27, 1911

and that death occurred, on the date stated above, at 3:50 m.

The CAUSE OF DEATH was as follows:  
Paralysis  
9-0  
117  
(Duration) 2 yrs 6 mos. ds.

Contributory Asterio Sclerosis  
(SECONDARY)  
(Duration) \_\_\_ yrs \_\_\_ mos. ds.  
(Signed) H. T. Bishop M. D.  
X 1911 X (Address)

\*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 Sedalia Mo DATE OF BURIAL Nov 29, 1911

UNDERTAKER Sedalia Undertaking Co ADDRESS Sedalia 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*, *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.)



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

County Pettis  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village Hughesville  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 666 File No. \_\_\_\_\_  
 Primary Registration District No. 4399 Registered No. 4

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

FULL NAME Amy Harris Mc Gruder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widowed

DATE OF BIRTH Feb. 27, 1857  
 (Month) (Day) (Year)

AGE 54 yrs. 9 mos. ds.  
 if LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. ?

OCCUPATION (a) Trade, profession, or particular kind of work none, at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Nebron Ohio

PARENTS  
 NAME OF FATHER Jno. P. Harris  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Harrisburg Pa.  
 MAIDEN NAME OF MOTHER Angelina Myers  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Harrisburg Pa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mark A. Mc Gruder  
 (ADDRESS) Sedalia Mo.

Filed Nov 28, 1911 at H. J. Bishop  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 27, 1911, to Nov. 27, 1911, that I last saw her alive on \_\_\_\_\_, 1911, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Paralysis

(Duration) 2 yrs. 6 mos. ds.  
 Contributory Arterio Sclerosis  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. J. Bishop M. D.  
Nov 27, 1911 (Address) Hughesville 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 Sedalia Mo. DATE OF BURIAL Nov. 29, 1911

UNDERTAKER Sedalia Mo. Co. ADDRESS Sedalia Mo.

# Revised United States Standard Certificate of Death

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

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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.)

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