

Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH  
 County Washington  
 Township Johnson  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 1103, File No. 40298  
 Primary Registration District No. 6186, Registered No. 1

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

FULL NAME Lydia Elizabeth Marshall

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |  |
|---|---|--|
| SEX<br><u>Female</u>  | COLOR OR RACE<br><u>White</u>   | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)<br><u>single</u> |
| DATE OF BIRTH<br><u>Sept. 7, 1895</u><br>(Month) (Day) (Year)   |   |  |
| AGE<br><u>16</u> yrs. <u>1</u> mos. <u>22</u> ds.   |   | If LESS than 1 day, ___ hrs. or ___ min.?                            |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>Housegirl</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br><u>gentl housework</u> |   |  |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>Washington Co. Mo.</u>   |   |  |
| PARENTS   | NAME OF FATHER<br><u>Henry Marshall</u>   |  |
|   | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Missouri</u> |  |
|   | MAIDEN NAME OF MOTHER<br><u>Martha Pope</u>   |  |
|   | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Illinois</u> |  |

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Oct. 29, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 27, 1911, to Oct. 29, 1911, that I last saw her alive on Oct. 27, 1911, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH\* was as follows:  
1 Typhoid Fever  
129  
 (Duration) \_\_\_ yrs. \_\_\_ mos. 28 ds.

Contributory Genl Peritonitis  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) D. A. Schudder M. D.  
Nov. 4, 1911 (Address) Sullivan

\*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) Henry Marshall  
 (ADDRESS) Algire P.O. Mo.

|   |   |
|---|---|
| PLACE OF BURIAL OR REMOVAL<br><u>Halsey, Mo</u> | DATE OF BURIAL<br><u>X</u> , 191 <u>X</u> |
| UNDERTAKER<br><u>B. C. Humberchorn</u>          | ADDRESS<br><u>Halsey, Mo</u>              |

Filled 10 Nov 1911 by Robert Hall  
 REGISTRAR

# 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

PLACE OF DEATH

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

County Washington  
 Township Johnson  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1103 File No. 40298  
 Primary Registration District No. 6186 Registered No. 1

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

FULL NAME Lydia Elizabeth Marshall

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single (Write the word)  
 DATE OF BIRTH Sept. 7, 1895  
 (Month) (Day) (Year)  
 AGE 16 yrs. 1 mos. 22 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29, 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Oct. 27, 1911, to Oct. 27, 1911, that I last saw her alive on " " , 1911, and that death occurred, on the date stated above, at 3 P. m.  
 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) Gen'l housework

Dysphoid Fever

BIRTHPLACE (City or town, State or foreign country) Washington, D. C.

PARENTS NAME OF FATHER Henry Marshall BIRTHPLACE OF FATHER D. C.  
 MAIDEN NAME OF MOTHER Martha Pope BIRTHPLACE OF MOTHER Illinois

Contributory Gen'l Peritonitis  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 28 ds.  
 (Signed) O. N. Schudde M. D.  
 (Address) \_\_\_\_\_, 1911.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Henry Marshall  
 (ADDRESS) Algeri P. O. 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 \_\_\_\_\_

Filed Nov 2 1911 Robert Hall REGISTRAR

PLACE OF BURIAL OR REMOVAL Stulsey Mo. DATE OF BURIAL Oct. 30, 1911  
 UNDERTAKER B. E. Kemberlin ADDRESS Stulsey Mo.

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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 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.)