

PLACE OF DEATH

County

Township

or

Village

or

City

(NO.

St.

Ward)

FULL NAME

Mrs. Sallie Francis Anderson

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

71

File No.

40500

Primary Registration District No.

5110A

Registered No.

36

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Female

White

Married

DATE OF BIRTH

April 6, 1895
(Month) (Day) (Year)

AGE

76 yrs. - mos. - ds.

If LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

House Wife

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

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BIRTHPLACE

(City or town, State or foreign country)

Columbia Mo

NAME OF FATHER

Hoss Pruitt

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Mo

MAIDEN NAME OF MOTHER

(City or town, State or foreign country)

Mary Johnson

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. Anderson

(ADDRESS)

Columbia Mo

Filed

Dec 2, 1911

W. K. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

December 2, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Dec 1, 1911, to Dec 2, 1911,

that I last saw him live on Dec 2, 1911,

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Carbolic Acid Poisoning
the acid given by mistake
for liquid Pepsine

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

Old age & general condition

(Duration) 2 yrs. ___ mos. ___ ds.

(Signed) Dec. James S. D. M. D.

Dec 3, 1911 (Address) Columbia 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

Columbia Cemetery

PLACE OF BURIAL OR REMOVAL

Parker Fur Co

DATE OF BURIAL

Dec 4, 1911

UNDERTAKER

Parker Fur Co

ADDRESS

Columbia Mo

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

U. S. Census and American Public Health Association

(Duration)

(Duration)

Occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question of each and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter*, *Visitor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an is provided for the latter statement; it only when needed. As examples: (a)

Textile mill; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material form part of the second statement.

"*Laborer*," "*Foreman*," "*Manager*," without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc.

le, who are engaged in the duties of the (not paid *Housekeepers* who receive a , may be entered as *Housewife*, *House-*, and children, not gainfully employed.

At home. Care should be taken to re- the occupations of persons engaged in e for wages, as *Servant*, *Cook*, *House-* occupation has been changed or given of the DISEASE CAUSING DEATH, state oc-

inning of illness. If retired from busi- may be indicated thus: *Farmer* (re-

For persons who have no occupation

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; "Cause" less definite; avoid use of "Tumor" for such as 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: *Stroke* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "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 performed. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE. If probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—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 of statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)