

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

(Delayed)

County Grundy  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Trenton (NO. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 330  
Primary Registration District No. 3017

File No. 41197A  
Registered No. 2

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

FULL NAME Mary A. Burks

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec 7, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Aug 27, 1821  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 26, 1911, to Dec 7, 1911, that I last saw her alive on Dec 7, 1911, and that death occurred, on the date stated above, at 1-15 a.m. The CAUSE OF DEATH\* was as follows:

AGE 90 3 10  
yrs. mos. ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

fractured hip  
1118

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

Contributory Hypostatic Pneumonia  
(Duration) \_\_\_ yrs. \_\_\_ mos. 10 days

BIRTHPLACE (City or town, State or foreign country) Hopkinsville Ky

NAME OF FATHER Stephen Burd

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Sally Warden Burd

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

(Signed) Wm. W. McKee  
Dec 8, 1911 (Address) Trenton Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walter Burks

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(ADDRESS) Trenton Mo

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

Filed 12-5-1911 S. Sheldon REGISTRAR

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 D.O.F. Cemetery DATE OF BURIAL Dec 8, 1911

UNDERTAKER R.H. Hendry & Co. ADDRESS Trenton 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*, *Compositor*, *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 DE-  
CEIVE A FEE FOR CERTIFICATED  
UNTIL THEY ARE COMPLETED AND  
PRESCRIBED BY LAW.

County Grundy  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Trenton (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 330 File No. 41197A  
Primary Registration District No. 3017 Registered No. 2

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

FULL NAME Mary A. Burks

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Aug. 27, 1821  
(Month) (Day) (Year)

AGE 90 yrs. 3 mos. 10 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Nopkinsville Ky.

PARENTS  
NAME OF FATHER Stephen Card  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia  
MAIDEN NAME OF MOTHER Sarah Warden Card  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mother - Burks  
(ADDRESS) Trenton, Mo

Filed Mar 13, 1912, E. A. Duffly  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 26, 1911, to Dec. 7, 1911, that I last saw her alive on " " , 1911, and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH\* was as follows:  
Fractured Hip.  
Accidental fall in home.  
Caught foot in rug on  
staircase. (Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.

Contributory Hypotatic Pneumonia  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 5 ds.  
(Signed) Geo. W. McKee M.D.  
March 12, 1912 (Address) Trenton 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 I.O.O.F. Cemetery DATE OF BURIAL Dec. 8, 1911  
UNDERTAKER R. H. Hemley & Co. ADDRESS Trenton Mo

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