

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

PLACE OF DEATH

County Wodaway
Township Lincoln
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 621 File No. 19 42189
Primary Registration District No. 5823 Registered No. _____

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

FULL NAME

Charlotte Lamb

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH December 4, 1911
(Month) (Day) (Year)

DATE OF BIRTH December 15, 1853
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 4, 1911, to Dec 4, 1911, that I last saw her alive on Dec 3, 1911, and that death occurred, on the date stated above, at 6:30 m.

AGE 77 yrs. 11 mos. 19 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis with Mitral regurgitation
9-0
(Duration) 1 yrs. 5 mos. 2 ds.

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

Contributory (Secondary) _____ (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Tennessee

(Signed) R E Ferguson M. D. Dec 4, 1911 (Address) Elmo Mo

NAME OF FATHER John Sowers

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

MAIDEN NAME OF MOTHER Rebecca Vandagriff

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) H R Lamb

Where was disease contracted If not at place of death? _____

(ADDRESS) Elmo

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Six Corners Cemetery DATE OF BURIAL Dec 5, 1911

Filed Dec 4, 1911 R E Ferguson REGISTRAR

UNDERTAKER C T Wiley ADDRESS Elmo 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

[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; less definite; avoid use of "Tumor" neoplasms); *Measles*; *Whooping cough*; *Lobar heart disease*; *Chronic interstitial neph-*
contributory (secondary or intercurrent) not be stated unless important. Example: *Ca-*
disease causing death), *29 ds.*; *Bronchopneumonia* (sec-
ondary), *10 ds.* Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

ght; Chronic
phritis, etc.
(b) Affection
Meas
ple: Meas
Chronic
symptoms
pneumonia
ple: Meas
tastes (dis-
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death), 29 ds.
Bronchopneumonia
(secondary),
10 ds.
Never report
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(merely symptomatic),
"Atrophy,"
"Collapse,"
"Coma,"
"Convulsions,"
"Debility"
("Congenital,"
"Senile," etc.),
"Dropsy,"
"Exhaustion,"
"Heart failure,"
"Haemorrhage,"
"Inanition,"
"Marasmus,"
"Old age,"
"Shock,"
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SUICIDAL,
or HOMICIDAL,
or as
probably
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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.)

