

Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH  
County St. Louis ✓  
Township Central  
or  
Village \_\_\_\_\_  
or  
City St. Louis (NO. 6153 Bertha St.; 27 Ward)  
Registration District No. 789 File No. 42614  
Primary Registration District No. 6133B Registered No. 570  
FULL NAME Mary Ann Coffey  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec 20, 1911  
(Month) (Day) (Year)

DATE OF BIRTH June 20th, 1838  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 1, 1911, to Dec 20, 1911, that I last saw her alive on Dec 20, 1911, and that death occurred, on the date stated above, at 7:20 p.m.

AGE 73 yrs. 6 mos. ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Endocarditis  
92A  
97  
(Duration) 3 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Laundress  
(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

Contributory Arteriosclerosis  
(SECONDARY) 9 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) J. A. Fisher M. D.  
Dec 21, 1911 (Address) 6724 Eastern

BIRTHPLACE (City or town, State or foreign country) La 9-34

PARENTS NAME OF FATHER Singleton Williams

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

MAIDEN NAME OF MOTHER Clarissa Williams

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jennie Scott  
(ADDRESS) Wellston, 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 Dec 21, 1911, J. H. O'Leary REGISTRAR

PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL Dec. 24, 1911  
UNDERTAKER Harrison McKoin ADDRESS 2906 Lawton

# 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 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.)

PLACE OF DEATH

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

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

County St Louis Registration District No. 789 File No. \_\_\_\_\_  
 or \_\_\_\_\_  
 Township Central Primary Registration District No. 6033B Registered No. 210  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (No. 6153 Bertha St. 27 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mary Ann Coffey

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Wid  
 (Write the word)  
 DATE OF BIRTH June 20, 1838  
 (Month) (Day) (Year)  
 AGE 73 yrs. 6 mos. ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20, 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Dec 1, 1911, to Dec 20, 1911, that I last saw her alive on Dec 20, 1911, and that death occurred, on the date stated above, at 7:20 P.

OCCUPATION (a) Trade, profession, or particular kind of work Laundress  
 (b) General nature of industry, business, or establishment in which employed (or employer) Private family

The CAUSE OF DEATH\* was as follows:  
Endocarditis

BIRTHPLACE (City or town; State or foreign country) La

PARENTS  
 NAME OF FATHER Singleton William  
 BIRTHPLACE OF FATHER (City or town; State or foreign country) La  
 MAIDEN NAME OF MOTHER Staricka William  
 BIRTHPLACE OF MOTHER (City or town; State or foreign country) La

Contributory (SECONDARY) arterio sclerosis  
 (Duration) 3 yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) J. H. Fisher M. D.  
Dec 21, 1911 (Address) 5924 Eastwood Ave.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Jessie Scott  
 (ADDRESS) Wellston 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 Dec 21, 1911 Phla Rice REGISTRAR

PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL Dec 24, 1911  
 UNDERTAKER Harrison ADDRESS 2906 Lenton

Original file date DEC 1911 All information called for must be written on this Supplementary Certificate.

# 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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