

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County Andrew  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Savannah (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 13 File No. 27  
Primary Registration District No. 4010 Registered No. 2

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

FULL NAME Mary A Whitehead

PERSONAL AND STATISTICAL PARTICULARS

|   |   |   |
|---|---|---|
| SEX<br><u>Female</u>  | COLOR OR RACE<br><u>White</u>   | SINGLE<br>MARRIED <u>Married</u><br>WIDOWED <u>Widowed</u><br>OR DIVORCED <u>Divorced</u><br>(Write the word) |
| DATE OF BIRTH<br><u>Sept 29</u> , 18 <u>13</u><br>(Month) (Day) (Year)  |   |   |
| AGE<br><u>98</u> yrs. <u>3</u> mos. <u>13</u> ds.<br>if LESS than 1 day, ___ hrs. or ___ min.?  |   |   |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work <u>House Wife</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>Attorney</u> |   |   |
| BIRTHPLACE<br>(City or town, State or foreign country) <u>Illinois</u>  |   |   |
| PARENTS   | NAME OF FATHER <u>Hunter</u>  |   |
|   | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Illinois</u> |   |
|   | MAIDEN NAME OF MOTHER <u>Unknown</u>  |   |
|   | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>  |   |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January 8, 1912, to January 12, 1912, that I last saw her alive on January 8, 1912, and that death occurred, on the date stated above, at 1 A. M.

The CAUSE OF DEATH\* was as follows:  
Stenocardia of Brain  
Hemorrhage  
SVH

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

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

(Signed) M. Martin M. D.  
Jan 17, 1912 (Address) Savannah

\*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) W. R. Duncan  
(ADDRESS) Savannah Mo

PLACE OF BURIAL OR REMOVAL Savannah Mo DATE OF BURIAL Jan 13, 1912  
UNDERTAKER M. Christensen ADDRESS Savannah Mo

Filed Jan 13, 1912 W. R. Duncan 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*, *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.)



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PLACE OF DEATH

County Andrew  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Savannah (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

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

Registration District No. 13 File No. 27  
Primary Registration District No. 4010 Registered No. 2

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

FULL NAME Mary A Whitehead

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept 29, 1813  
(Month) (Day) (Year)

AGE 98 yrs. 3 mos. 13 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS NAME OF FATHER Hunter  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Illinois  
MAIDEN NAME OF MOTHER Wickerson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. R. Duncan  
(ADDRESS) Savannah Mo

Filed Jan 13 1912 W. R. Duncan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 8, 1912, to Jan 8, 1912, that I last saw live on Jan 8, 1912, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH\* was as follows:  
Empyema

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

(Signed) W. Martin M. D.  
Jan 13, 1912 (Address) Savannah

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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 Savannah Mo DATE OF BURIAL Jan 13, 1912

UNDERTAKER Chickensaw ADDRESS Savannah

All information called for must be written on this Supplementary Certificate.

JAN

902

# Revised United States Standard Certificate of Death

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

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