

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 Jefferson  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Desoto Mo (NO. St Louis St Near 4th St. 1st Ward)

Registration District No. 420 File No. 1598  
 Primary Registration District No. 3022 Registered No. 2

**FULL NAME** Margaritte Adaline Walker

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<b>SEX</b> <u>Female</u>	<b>COLOR OR RACE</b> <u>American</u>	<b>MARRIED WIDOWED OR DIVORCED</b> (Write the word) <u>Married</u>	<b>DATE OF DEATH</b> <u>Janu</u> <u>10</u> , 191 <u>2</u> (Month) (Day) (Year)	
<b>DATE OF BIRTH</b> <u>January 3rd</u> , 18 <u>39</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Janu 5</u> , 191 <u>2</u> , to <u>Janu 10</u> , 191 <u>2</u> , that I last saw h <u>er</u> alive on <u>Janu 10</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>9:24</u> m.	
<b>AGE</b> <u>73</u> yrs. — <u>7</u> ds.		<b>If LESS than</b> 1 day, ___ hrs. or ___ min.?	<b>The CAUSE OF DEATH*</b> was as follows: <u>Senil</u> <u>8-18</u> <u>6</u>	
<b>OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-10</u>			<b>Contributory</b> <u>Waterbury</u> (SECONDARY) (Duration) ___ yrs. ___ mos. <u>5</u> ds.	
<b>BIRTHPLACE</b> (City or town, State or foreign country) <u>New Desoto Mo</u>			<b>(Signed)</b> <u>N. H. Walker</u> M. D. <u>10/10</u> , 191 <u>2</u> (Address) <u>Desoto mo</u>	
<b>PARENTS</b>	<b>NAME OF FATHER</b> <u>Robert M. Mullin</u>		<b>LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)</b> At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	<b>BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>Kentucky</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
	<b>MAIDEN NAME OF MOTHER</b> <u>Rebecca M. Mullin</u>		<b>PLACE OF BURIAL OR REMOVAL</b> <u>City Cemetery Desoto Mo</u>	
<b>BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>Missouri</u>			<b>DATE OF BURIAL</b> <u>Jan 12</u> , 191 <u>2</u>	
<b>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>N. H. Walker</u> (ADDRESS) <u>Desoto Mo</u>			<b>UNDERTAKER</b> <u>R. Coxwell Bow</u>	
Filed <u>1/11</u> , 191 <u>2</u> <u>Elmer Kempe</u> REGISTRAR			<b>ADDRESS</b> <u>Desoto Mo</u>	

# 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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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Jefferson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Desota, Mo. (NO. St. Louis St. near 4th St. 1st Ward)

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

Registration District No. 420 File No. 1598  
Primary Registration District No. 3022 Registered No. 2

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

FULL NAME Margarette Adaline Walker

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Jan. 10, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Jan. 3, 1839  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 5, 1912, to Jan. 10, 1912, that I last saw her alive on Jan. 10, 1912, and that death occurred, on the date stated above, at 9:20 P.M.

AGE 73 yrs. 7 mos. 1 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
Cerebral apoplexy  
(Duration) \_\_\_ yrs. \_\_\_ mos. 5 ds.

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) Near Desota, Mo.

Contributory unknown  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) W. H. Farrar M. D.  
1/10, 1912 (Address) Desota, Mo.

PARENTS  
NAME OF FATHER Robert M. Mullin  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
MAIDEN NAME OF MOTHER Rebecca M. Mullin  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

\*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. 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) William H. Walker  
(ADDRESS) Desota, Mo.

PLACE OF BURIAL OR REMOVAL City Cem. Desota Mo. DATE OF BURIAL Jan. 12, 1912  
UNDERTAKER R. Copwell ADDRESS Bou Desota, Mo.

Filed 3/8 1912 Elmer Kemper REGISTRAR

Original file, date 1/11, 1912 All information called for must be written on this Supplementary Certificate.

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