MARGIN RESERVED FOR BINDING

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 St Charles

Township ____ or Village ____ or City St Charles (NO. St Joseph Hospital St. ____ Ward)

Registration District No. 757 File No. 2500

Primary Registration District No. 3036 Registered No. 7

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

FULL NAME Mary Frances Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Jan (Month) 15 (Day), 1843 (Year)

AGE: 68 yrs. 11 mos. 28 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): 0.95

BIRTHPLACE (City or town, State or foreign country): Portage Des Sioux

PARENTS
NAME OF FATHER: Wm Hopkins
BIRTHPLACE OF FATHER (City or town, State or foreign country): Portage Des Sioux
MAIDEN NAME OF MOTHER: Mary Le Faivre
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Portage Des Sioux

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oliver Wolf

(ADDRESS) St Charles Mo

Filed Jan 15th 1912, Chas. H. Kanstiner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 13th (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1910, to Jany 13, 1912, that I last saw her alive on Jany 12th, 1912, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
23 A
Probably infective
120 (Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) [signature] M. D.

Jany 14 1912 (Address) St Charles 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: Portage Des Sioux

DATE OF BURIAL: Jan 15 1912

UNDERTAKER: H C Dallmeyer

ADDRESS: St Charles Mo

States Standard Certificate of Death

. Census and American Public Health Association]

neoplasms); *Measles; heart disease; Chronic* tributory (secondary be stated unless im- ease causing death), lary), *10 ds.* Never l conditions, such as ptomatic), "Atrophy," ," "Debility" ("Con- "Exhaustion," "Heart ," "Marasmus," "Old kness," etc., when a as the cause. Always m childbirth or mis- *aemia,*" "PUERPERAL hich surgical operation ATHS state MEANS OF L, SUICIDAL, or HOMI- possible to determine *drowning; Struck by und of head—homicide; y suicide.* The nature nd consequences (e. g., der the head of "Con- statement of cause of Nomenclature of the

upation.—Precise statement of oc- portant, so that the relative health- pursuits can be known. The ques- and every person, irrespective of upations a single word or term on sufficient, e. g., *Farmer* or *Planter, or, Architect, Locomotive engineer, ionary fireman,* etc. But in many ndustrial employments, it is neces- he kind of work and also (*b*) the ess or industry, and therefore an ovided for the latter statement; it when needed. As examples: (*a*) *mill;* (*a*) *Salesman,* (*b*) *Grocery; Automobile factory.* The material rm part of the second statement. aborer," "Foreman," "Manager," out more precise specification, as *laborer, Laborer—Coal mine,* etc. o are engaged in the duties of the paid *Housekeepers* who receive a be entered as *Housewife, House-* d children, not gainfully employed, *ome.* Care should be taken to re- occupations of persons engaged in wages, as *Servant, Cook, House-* upation has been changed or given e DISEASE CAUSING DEATH, state oc- g of illness. If retired from busi- be indicated thus: *Farmer (re-* persons who have no occupation *e.*

use of death.—Name, first, the TH (the primary affection with re- ausation), using always the same e same disease. Examples: *Cere-* only definite synonym is "Epidemic gitis"); *Diphtheria* (avoid use of *fever* (never report "Typhoid *r pneumonia; Bronchopneumonia* alified, is indefinite); *Tuberculosis peritonaeum,* 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.)

HUGH STEPHENS, JEFFERSON CITY.