

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 Stone
 County Case
 Township _____ or Village _____
 City _____ (No. _____ St. _____ Ward _____)
 Registration District No. 648 File No. 3804
 Primary Registration District No. 6111 Registered No. 5

FULL NAME Susan E. Martin

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Mar.</u>	DATE OF DEATH <u>Dec</u> <u>12</u> , 19 <u>14</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov</u> <u>15</u> , 18 <u>32</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec 9</u> , 19 <u>14</u> , to <u>Dec 12</u> , 19 <u>14</u> , that I last saw her alive on <u>Dec 11</u> , 19 <u>14</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
AGE <u>79</u> yrs. <u>7</u> mos. <u>27</u> ds.			IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Work</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>108</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Tennessee</u>			(Duration) _____ yrs. _____ mos. <u>8</u> ds.	
PARENTS	NAME OF FATHER <u>William Sims</u>		Contributory (SECONDARY) _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tennessee</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Unknown</u>		(Signed) <u>J. H. Wade</u> M. D.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>		19 <u>14</u> (Address) <u>Peace Mission</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant) <u>J. M. Martin</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(ADDRESS) <u>Tennessee, Mo.</u>			At place of death <u>4</u> yrs. <u>20</u> mos. <u>20</u> ds. In the <u>100</u> yrs. <u>1</u> mos. <u>1</u> ds.	
Filed <u>Jan 11</u> 19 <u>15</u> <u>Ira E. Cox</u> REGISTRAR			Where was disease contracted if not at place of death? _____	
			Former or usual residence _____	
			PLACE OF BURIAL OR REMOVAL <u>Martin County</u> DATE OF BURIAL <u>Dec 13</u> , 19 <u>14</u>	
			UNDERTAKER <u>Howard Kentling Highland</u> ADDRESS _____	

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 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 BIRTH

County Stone
 Township Cass
 or
 Village _____
 or
 City _____ (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. 648 File No. 3804
 Primary Registration District No. 6111 Registered No. 5

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

FULL NAME Susan E. Martini

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Wid.
 (Write the word)
 DATE OF BIRTH Nov-15, 1832
 (Month) (Day) (Year)
 AGE 79 yrs. 27 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

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

PARENTS
 NAME OF FATHER Mr. Simpson
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee
 MAIDEN NAME OF MOTHER Unknown
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. M. Martini
 (ADDRESS) Jamesville Mo.

Filed Jan 11, 1917 Ira E. Coyle
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12, 1917
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Dec. 9, 1917, to Dec. 12, 1917,
 that I last saw her alive on " 11 ", 1917,
 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Subar Pneumonia
 (Duration) _____ yrs. _____ mos. 8 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. H. Wade M. D.
Dec 14 1917 (Address) Ponce de Leon

*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. 4 mos. 20 ds. In the _____ State 60 yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Martini Cemetery DATE OF BURIAL Dec. 13, 1917
 UNDERTAKER Frank Rentling ADDRESS Highlandville Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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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.)