

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Deerles		Registration District No.	241	File No.	4683
Township	South Deerles		Primary Registration District No.	5334	Registered No.	52
Village	<del>Buffalo</del>					
City	(NO. _____) _____		St.	_____	Ward	_____
FULL NAME			Mary A. Morgan			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Female	White	widow	January 1, 1912 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
Dec 30 1846 (Month) (Day) (Year)			Dec. 30, 1911, to Dec. 31, 1911,			
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?	that I last saw her alive on Dec 31, 1911,			
65 yrs. 1 mos. 11 ds.			and that death occurred, on the date stated above, at 2:30 p.m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work		Housewife	Pneumonia ✓			
(b) General nature of industry, business, or establishment in which employed (or employer)		9-0	91 107A			
BIRTHPLACE			(Duration) ___ yrs. ___ mos. 7 ds.			
(City or town, State or foreign country)		MO	Contributory			
PARENTS	NAME OF FATHER	Geo Smith	(SECONDARY)			
	BIRTHPLACE OF FATHER	Ireland	(Duration) ___ yrs. ___ mos. ___ ds.			
	MAIDEN NAME OF MOTHER	Unknown	(Signed) Frank A. Hudson M. D.			
	BIRTHPLACE OF MOTHER	Unknown	Jan 1, 1912 (Address) Buffalo Mo			
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)	Lena Levy		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
(ADDRESS)	Buffalo Mo		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
Filed	2-29 1912 J. Phillips		Where was disease contracted If not at place of death? _____			
	REGISTRAR		Former or usual residence. _____			
			PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
			Mt. Zion Cemetery		Jan 2 1912	
			UNDERTAKER		ADDRESS	
			C. W. Smith & Peter		Buffalo	

# 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*, *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 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.)



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

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Dallas  
 Township S. Benton  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 241 File No. 4683  
 Primary Registration District No. 5334 Registered No. 52

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

FULL NAME

Mary A Morgan

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>wd</u>
DATE OF BIRTH <u>Dec 20</u> , 18 <u>46</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>1</u> mos. <u>11</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Buffalo Mo</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 30, 1912, to Dec 31, 1912, that I last saw her alive on Dec 31, 1912, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH\* was as follows: Broncho Pneumonia

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

PARENTS	NAME OF FATHER <u>Joe Smith</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Buffalo Mo</u>
	MAIDEN NAME OF MOTHER <u>Wm</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wm</u>

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

(Signed) F A Hedson M.D.  
1/2, 1912 (Address) Buffalo Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Lona Levey  
 (ADDRESS) Buffalo Mo

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 2 29 1912 J Phillips REGISTRAR

PLACE OF BURIAL OR REMOVAL Mt Zion Cem DATE OF BURIAL 1/2 1912  
 UNDERTAKER C. H. Smith & Co ADDRESS Buffalo

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