

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Wick</i>	Registration District No.	<i>259</i>
Township	<i>Clinton</i>	File No.	<i>4708</i>
or		Primary Registration District No.	<i>4158</i>
Village	<i>Mayeville</i>	Registered No.	<i>6</i>
or		St.	
City	<i>Missouri</i>	Ward	
FULL NAME		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
<i>Harriet McNamee Pichey</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	<i>Female</i>	DATE OF DEATH	<i>Feb 28</i>
COLOR OR RACE	<i>White</i>	(Month) (Day) (Year)	
SINGLE	<i>Married</i>	I HEREBY CERTIFY, that I attended deceased from	
MARRIED	<i>Widowed</i>	<i>Feb 21</i> , 1912, to <i>Feb 27</i> , 1912,	
WIDOWED		that I last saw her alive on <i>Feb 27</i> , 1912,	
OR DIVORCED		and that death occurred, on the date stated above, at <i>6</i> AM.	
(Write the word)		The CAUSE OF DEATH* was as follows:	
DATE OF BIRTH	<i>Jan 5</i>	<i>Paralysis</i>	
(Month) (Day) (Year)	<i>1836</i>	<i>Several years that I had</i>	
AGE	<i>76</i>	<i>Contributory Old age</i>	
Yrs. Mos. Ds.	<i>1 12</i>	<i>Paralysis</i>	
IF LESS THAN 1 day, hrs. or min.?		<i>Several years that I had</i>	
OCCUPATION		<i>Contributory Old age</i>	
(a) Trade, profession, or particular kind of work		<i>Paralysis</i>	
(b) General nature of industry, business, or establishment in which employed (or employer)		<i>Contributory Old age</i>	
BIRTHPLACE		<i>Paralysis</i>	
(City or town, State or foreign country)		<i>Contributory Old age</i>	
PARENTS		<i>Paralysis</i>	
NAME OF FATHER	<i>Samuel Knapp</i>	<i>Contributory Old age</i>	
BIRTHPLACE OF FATHER		<i>Paralysis</i>	
(City or town, State or foreign country)		<i>Contributory Old age</i>	
MAIDEN NAME OF MOTHER	<i>Elizabeth Walker</i>	<i>Paralysis</i>	
BIRTHPLACE OF MOTHER		<i>Contributory Old age</i>	
(City or town, State or foreign country)		<i>Paralysis</i>	
THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE		<i>Contributory Old age</i>	
(Informant)	<i>Mary E. Secord</i>	<i>Paralysis</i>	
(ADDRESS)	<i>Clarkdale</i>	<i>Contributory Old age</i>	
Filed	<i>Feb 28 1912</i>	<i>Paralysis</i>	
REGISTRAR	<i>W. J. Clark</i>	<i>Contributory Old age</i>	
PLACE OF BURIAL OR REMOVAL	<i>Amity Mo.</i>	<i>Paralysis</i>	
DATE OF BURIAL	<i>March 1 1912</i>	<i>Contributory Old age</i>	
UNDERTAKER	<i>W. J. Pichey</i>	<i>Paralysis</i>	
ADDRESS	<i>Mayville Mo</i>	<i>Contributory Old age</i>	

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., *coma*, *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

De Kalb

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

Township

or

Village

or

City

FULL NAME

Mayeville

(NO.

Registration District No.

Primary Registration District No.

259

4158

File No.

Registered No.

4708

6

St. *Pike* Ward

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

COLOR OR RACE

W

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

wid

DATE OF BIRTH

Jan 5, 1836
(Month) (Day) (Year)

AGE

76 yrs. *1* mos. *22* ds.

IF LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife
housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Indiana

PARENTS

NAME OF FATHER

Lamir Knight

BIRTHPLACE OF FATHER

Ohio

MAIDEN NAME OF MOTHER

Elizabeth Wallace

BIRTHPLACE OF MOTHER

Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

Feb 18 1912 *W. J. Clark* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Feb 27, 1912, to *2/27*, 1912

that I last saw him alive on *2/27*, 1912

and that death occurred, on the date stated above, at *6 A* m.

The CAUSE OF DEATH* was as follows:

Causes unknown
(Cause unknown)
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory

(SECONDARY)

old age
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed)

W. J. Clark
Feb 18, 1912 (Address) *Mayeville 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

DATE OF BURIAL

Amity Mo

3/1, 1912

UNDERTAKER

ADDRESS

W. G. Pileher

Mayeville

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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.)