

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County

Sullivan

Township

Duncan

or  
Village

or

City

(NO.

St.: Ward)

Registration District No.

1092

File No.

4 7884

Primary Registration District No.

6121

Registered No.

4

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

FULL NAME

Mrs Nancy Hall

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
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DATE OF BIRTH

Jan 19th 1896  
(Month) (Day) (Year)

AGE

66 yrs. 1 mos. 3 ds. IF LESS than  
1 day, hrs. or min.?

OCCUPATION

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

Housewife

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

x 9-2

BIRTHPLACE

(City or town, State or foreign country)

Ind.

NAME OF FATHER

E. Palmer

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

U. S. A.

MAIDEN NAME OF MOTHER

Amy Armstrong

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

U. S. A.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Perry Hall

(ADDRESS)

Browning Mo

Filed

Feb 22 1922

1922

A R Williams

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 22

(Month)

(Day)

1922 (Year)

I HEREBY CERTIFY, that I attended deceased from

Feb 17th 1912, to Feb 22 1912

that I last saw her alive on Feb 22 1912

and that death occurred, on the date stated above, at 10<sup>30</sup> m.

The CAUSE OF DEATH\* was as follows:

Pneumonia  
108

(Duration)

yrs.

mos.

11 ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

11 ds.

(Signed)

R M Mahaley

M. D.

Date

Feb 22

(Address)

Browning 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

2 yrs.

mos.

ds.

In the

54

yrs.

mos.

Where was disease contracted if not at place of death?

Former or usual residence

Bellingueis

PLACE OF BURIAL OR REMOVAL

Schrock

DATE OF BURIAL

Feb 23 1922

UNDERTAKER

L. W. Guinness

ADDRESS

Browning Mo

# 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

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  
 County Sullivan  
 Township Duncan  
 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. 1092 File No. 7884  
 Primary Registration District No. 6121 Registered No. 4

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

FULL NAME Mrs Nancy Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED m  
(Write the word)

DATE OF BIRTH Jan 19, 1846  
(Month) (Day) (Year)

AGE 66 yrs. 1 mos. 3 ds.  
IF LESS than 1 day, hrs. or min.

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)

PARENTS  
 NAME OF FATHER E. Jones  
 BIRTHPLACE OF FATHER U. S. A.  
 MAIDEN NAME OF MOTHER Gary Armstrong  
 BIRTHPLACE OF MOTHER U. S. A.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Perry Hall  
 (ADDRESS) Browning Mo.

Filed Feb 22, 1922 R. K. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22, 1922  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 17, 1922, to Feb 22, 1922, that I last saw her alive on Feb 22, 1922, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* was as follows:  
Pneumonia Lobar  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory Heart failure  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) R. W. Whaley Physician M. D.  
Salem, 1922 (Address) Browning 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 Schrock DATE OF BURIAL 2/23, 1922  
 UNDERTAKER L. W. Hummel ADDRESS Browning Mo.

FEB

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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*Whooping cough*; *Chronic valvular disease*; *Chronic interstitial nephritis*, etc. The common secondary (or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing .....), *29 ds.*; *Bronchopneumonia* (secondary), *10*. Never report mere symptoms or terminal condition, 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.)