

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 Wright
 Township Hart
 or
 Village Harlow
 or
 City _____ (NO _____)

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

Registration District No. 906 File No. 8000
 Primary Registration District No. 4117 Registered No. 2
 St. _____ Ward _____

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

FULL NAME Ella Dalisbury

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
 (Write the word)

DATE OF BIRTH Sept 10 1840
 (Month) (Day) (Year)

AGE 72 yrs. 4 mos. 10 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) General Housework

BIRTHPLACE (City or town, State or foreign country) N.Y. Chautauque Co. Michigan Farm Home

PARENTS
 NAME OF FATHER William Albion
 BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y. Chautauque Co. Iowa Farm Home
 MAIDEN NAME OF MOTHER Mrs Anna Bask
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) N.Y. Chautauque Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N L Dalisbury(ADDRESS) Harlow MoFiled Feb 3 1912 J J Crisk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct, 1912, to Jan, 1912, that I last saw her alive on Dec, 1912, and that death occurred, on the date stated above, at 1:00 p.m. The CAUSE OF DEATH* was as follows:

23APhthisis Pneumonia(Duration) 2 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) B E Limer M. D.
7 1912 (Address) Harlow 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? Iowa AccidentFormer or usual residence Michigan Iowa Mo

PLACE OF BURIAL OR REMOVAL Alton Cemetery DATE OF BURIAL Feb 1 1912

UNDERTAKER A J Whilkul ADDRESS Harlow

United States Standard Certificate of Death

U. S. Census and American Public Health Association

occupation.—Precise statement of occupation, important, so that the relative healthful pursuits can be known. The question each and every person, irrespective of occupations a single word or term on should be sufficient, e. g., *Farmer* or *Planter*, *Hospital Architect*.

in the duties of the keepers who receive a salary as *Housewife*, *Household* and children, not gainfully employed, *at home*. Care should be taken to report the occupations of persons engaged in for wages, as *Servant*, *Cook*, *House-occupation* has been changed or given the disease CAUSING DEATH, state occasion of illness. If retired from business, indicate thus: *Farmer*. (See for persons who have no occupation *Vane*.)

cause of death.—Name, first, the DEATH (the primary affection with real causation), using always the same the same disease. Examples: *Cerebrum* the only definite synonym is "Epidemic meningitis"; *Diphtheria* (avoid use of *typhoid fever* (never report "Typhoid fever pneumonia"; *Bronchopneumonia* (qualified, is indefinite); *Tuberculosis 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. Examples: *Dis-*

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.)

