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

County Carrollton

Township ~~Sugar Tree~~ Moss Creek

or

Village

or

City (NO. St.: Ward)

Registration District No. 135 File No. 8501

Primary Registration District No. 5190 Registered No. 29

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

FULL NAME Lucinda E. Griffith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR OR RACE White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

DATE OF BIRTH Sept. (Month) 8 (Day) 1838 (Year)

AGE 78 yrs. 6 mos. 9 ds.

If LESS than 1 day, 1 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) ~~Don't know~~

BIRTHPLACE (City or town, State or foreign country) Kentucky ~~Don't know~~

PARENTS

NAME OF FATHER Hezekiah Shields ~~Don't know~~

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky ~~Maryland~~

MAIDEN NAME OF MOTHER Jane Gray ~~Don't know~~

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C A Uhrig

(ADDRESS) Norborne Mo

Filed Mar. 18, 1912 A. E. Austin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. (Month) 17 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from ——, 191__, to ——, 191__, that I last saw h— alive on ——, 191__, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

R Heumatic Endocarditis

Was found dead

56A

56E (Duration) — yrs. 6 mos. — ds.

Contributory (SECONDARY) R Heumatism

(Duration) — yrs. 6 mos. — ds.

(Signed) E E Brunner Coroner M. D.

3-18, 1912 (Address) Carrollton 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 ~~E. P. Willis~~ Coloma Mo

DATE OF BURIAL March 18 1912

UNDERTAKER E. Willis ~~Carrollton~~

ADDRESS Carrollton Mo

United States Standard Certificate of Death

1 by U. S. Census and American Public Health Association]

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it of occupation.—Precise statement of oc- very important, so that the relative health- various pursuits can be known. The ques- to each and every person, irrespective of many occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Compositor, Architect, Locomotive engineer*, *er, Stationary fireman*, etc. But in many ially in industrial employments, it is neces- w (*a*) the kind of work and also (*b*) the he business or industry, and therefore an ine is provided for the latter statement; it sed only when needed. As examples: (*a*)) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* *n*, (*b*) *Automobile factory.* The material may form part of the second statement. urn "Laborer," "Foreman," "Manager," tc., without more precise specification, as *r, Farm laborer, Laborer—Coal mine*, etc. home, who are engaged in the duties of the nly (not paid *Housekeepers* who receive a ary), may be entered as *Housewife, House- home*, and children, not gainfully employed, or *At home*. Care should be taken to re- ally the occupations of persons engaged in rvice for wages, as *Servant, Cook, House-* If the occupation has been changed or given unt of the DISEASE CAUSING DEATH, state oc- beginning of illness. If retired from busi- fact may be indicated thus: *Farmer* (*re- s.*). For persons who have no occupation write *None*.

it of cause of death.—Name, first, the USING DEATH (the primary affection with re- me and causation), using always the same rm for the same disease. Examples: *Cere- ever* (the only definite synonym is "Epidemic al meningitis"); *Diphtheria* (avoid use of *Typhoid fever* (never report "Typhoid "); *Lobar pneumonia; Bronchopneumonia* ia," unqualified, is indefinite); *Tuberculosis neninges, 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 *septichaemia*," "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.)

HUGH STEPHENS, JEFFERSON CITY.