

PLACE OF DEATH

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

County Jackson
Township _____
or
Village _____
or
City K. E.

Registration District No. 399
File No. 9501

Primary Registration District No. 1002
Registered No. 995
(NO. 3041 Garfield Ave St. _____ Ward)

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

FULL NAME Harriet E Mills

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWER OR DIVORCED (Write the word) Widow

DATE OF DEATH March 20th, 1912
(Month) (Day) (Year)

DATE OF BIRTH Aug 29th, 1843
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 7-30, 1912, to 3-20, 1912, that I last saw her alive on 3-20, 1912, and that death occurred, on the date stated above, at 5⁴⁵ am.

AGE 68 yrs. 6 mos. 21 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

Cancer of Lung
following Cancer of
Breast 50
47E
(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Ohio

PARENTS
NAME OF FATHER Wm Otis
BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

Contributory
(SECONDARY)
8 (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) E. Conner M. D.
320 1912 (Address) 4450 gyle

*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) Mary Gayle Mills
(ADDRESS) #3041 Garfield Ave

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 _____

MAR 20 1912
W. S. Wheeler
REGISTRAR

PLACE OF BURIAL OR REMOVAL Glenwood Iowa DATE OF BURIAL Mar 21st, 1912
UNDERTAKER P. W. Conner ADDRESS 2111 E 9th St

United States Standard Certificate of Death

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

it of occupation.—Precise statement of occu-
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
e will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
eer, *Stationary fireman*, etc. But in many
ially in industrial employments, it is neces-
ow (a) the kind of work and also (b) the
the 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*;
an, (b) *Automobile factory*. The material
may form part of the second statement.
urn "Laborer," "Foreman," "Manager,"
etc., without more precise specification, as
r, *Farm laborer*, *Laborer—Coal mine*, etc.
home, who are engaged in the duties of the
only (not paid *Housekeepers* who receive a
ry), may be entered as *Housewife*, *House-*
home, and children, not gainfully employed,
l or *At home*. Care should be taken to re-
tally the occupations of persons engaged in
rvice for wages, as *Servant*, *Coach*, *House-*
If the occupation has been changed or given
ant of the DISEASE CAUSING DEATH, state oc-
beginning of illness. If retired from busi-
fact may be indicated thus: *Farmer* (re-
r.). For persons who have no occupation
rite *None*.

it of cause of death.—Name, first, the
SING DEATH (the primary affection with re-
ne and causation), using always the same
rm for the same disease. Examples: *Cere-*
ver (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*
meninges, *peritoneum*, etc., *Carcinoma*, *Sar-*

ited States Sta of Death

U. S. Census and Ar
Association]

coma, etc., of (name origin;
less definite; avoid use of "Tumor" for
neoplasms); *Measles*; *Whooping cough*; *Ch*
lar heart disease; *Chronic interstitial nephri*; of occupation.—F
contributory (secondary or intercurrent) afy important, so tha
not be stated unless important. Example: jus pursuits can be k
ease causing death), 29 ds.; *Bronchopneu* and every person
ondary), 10 ds. Never report mere sympatations a single wor
minal conditions, such as "Asthenia," icient, e. g., *Farmer*
(merely symptomatic), "Atrophy," "Collap; *chitect*, *Locomotive en*
"Convulsions," "Debility" "Congenital," "gan, etc. But in ma
"Dropsy," "Exhaustion," "Heart failure," oyments, it is neces
rhage," "Inanition," "Marasmus," "Old ag, nd also (b) the nat
"Uraemia," "Weakness," etc., when a de, herefore an addition
can be ascertained as the cause. Always, ment; it should be us
diseases resulting from childbirth or mi, a) *Spinner*, (b) *Cottl*
"PUERPERAL septichaemia," "PUERPERAL pei,) *Foreman*, (b) *Aut*
State cause for which surgi al operation, d on may form part
taken. For VIOLENT DEATHS state MEANS OF, eturn "Laborer," "F
qualify as ACCIDENTAL, SUICIDAL, or HOMI, without more precise
probably such, if impossible to determin, *borer*, *Laborer—Coa*
Examples: *Accidental drowning*; *Struck*, re engaged in the du
train—accident; *Revolver wound of head*, as *Housewife*, *House*
Poisoned by carbolic acid—probably suicid, ifully employed, as
ture of the injury, as fracture of skull, taken to report specif
quences (e. g., *sepsis*, *tetanus*) may be stat, ged in domestic serv
head of "Contributory." (Recommendatic, *semaid*, etc. If the
ment of cause of death approved by C, n up on account of
Nomenclature of the American Medical, cupation at beginni
iness, that fact may
, 6 yrs.) For person
r, write *None*.

t of cause of death
G DEATH (the prima
and causation), usin
for the same diseas
(the only definite sy
meningitis"); *Diphth*
roid fever (never rep
neumonia; *Bronch*
lified, is indefinite);
maeum, etc., *Carcino*
name origin; "Cancer"

HUGH STEPHENS, JEFFERSON CITY.

