

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

PLACE OF DEATH

County Pike

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Bowling Green (NO. \_\_\_\_\_)

Registration District No. 684

File No. 10501

Primary Registration District No. 4408

Registered No. 12

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Nancy E Smiley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widow  
(Write the word)

DATE OF BIRTH Nov. 30, 1846  
(Month) (Day) (Year)

AGE 75 yrs. 3 mos. 25 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work House Keeping  
(b) General nature of industry, business, or establishment in which employed (or employer) G. C.

BIRTHPLACE (City or town, State or foreign country) Lincoln Co.

PARENTS  
NAME OF FATHER Philip Mabry  
BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina  
MAIDEN NAME OF MOTHER Polly Uptegrove  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carolina

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margie Smiley

(ADDRESS) Bowling Green Mo.

Filed Mar 26 1912 Douglas Wells

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26<sup>th</sup>, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan<sup>th</sup>, 1912, to March 26<sup>th</sup>, 1912, that I last saw her alive on March 24<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 12<sup>16</sup> m.

The CAUSE OF DEATH\* was as follows:  
Gastric Ulcer  
117A  
about (Duration) one yrs.  mos.  ds.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) G. D. Zinsley M. D.  
Mar 26, 1912 (Address) Bowling Green

\*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 Bowling Green Cemetery Mar 26<sup>th</sup> DATE OF BURIAL 1912

UNDERTAKER Walter Elmore ADDRESS Bowling Green

CAUSE OF DEATH IN DEATH CERTIFICATE, SO THAT IT MAY BE FULLY UNDERSTOOD BY THE PUBLIC

# 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., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Coronary heart disease*; *Chronic interstitial nephritis* (contributory (secondary or intercurrent); not be stated unless important. Example: *Chronic interstitial nephritis (secondary) causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symtominal conditions, such as "Asthenia," (merely symptomatic), "Atrophy," "Collapsus," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always report definite diseases resulting from childbirth or from "PUERPERAL septichaemia," "PUERPERAL phlegmon," etc. State cause for which surgical operation taken. For VIOLENT DEATHS state MEANS CAUSING DEATH, if possible, and qualify as ACCIDENTAL, SUICIDAL, or HOMOCIDAL, or probably such, if impossible to determine. Examples: *Accidental drowning*; *Structural fracture of skull—train-accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicide*. If the nature of the injury, as fracture of skull, is not known, the word "fracture" may be stated in the head of "Contributory." (Recommendation of cause of death approved by COUNCIL ON VIOLENT DEATHS, Nomenclature of the American Medical Association.)

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