

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Bollinger</i>		Registration District No.	<i>1026</i>	
Township	<i>Lordua</i>		File No.	<i>7 12448</i>	
or			Primary Registration District No.	<i>5102</i>	
Village			Registered No.	<i>7</i>	
or					
City					
FULL NAME <i>Mrs. Katherine Cannon</i>			St.: _____ Ward) _____		
			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>Widowed</i>	DATE OF DEATH <i>Mch. 10</i> , 191 <i>2</i>		
DATE OF BIRTH <i>Feb. 23</i> , 1833			(Month) (Day) (Year)		
AGE <i>79</i> yrs. <i>16</i> mos. <i>16</i> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	I HEREBY CERTIFY, that I attended deceased from <i>Mch. 4</i> , 191 <i>2</i> , to <i>Mch. 10</i> , 191 <i>2</i> , that I last saw her alive on <i>Mch. 4</i> , 191 <i>2</i> , and that death occurred, on the date stated above, at <i>10³⁰ P. m.</i> The CAUSE OF DEATH ⁺ was as follows: <i>Pneumonia</i>		
OCCUPATION (a) Trade, profession, or particular kind of work <i>none</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>none</i>			108 <i>QV</i> (Duration) _____ yrs. _____ mos. <i>10</i> ds.		
BIRTHPLACE (City or town, State or foreign country) <i>Tenn.</i>			Contributory (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER <i>Samuel Kelly</i>		(Signed) <i>H. W. Gale</i> , M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Tenn.</i>		<i>mch 11</i> , 191 <i>2</i> (Address) <i>Marguand Mo</i>		
	MAIDEN NAME OF MOTHER <i>Elizabeth McKnight</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Tenn.</i>		LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Ernest Cannon</i> (ADDRESS) <i>Marguand Mo</i>			Where was disease contracted if not at place of death? Former or usual residence <i>Lodge Mo</i>		
Filed <i>9/11</i> , 1914		REGISTRAR <i>J. N. Kirk</i>	PLACE OF BURIAL OR REMOVAL <i>New Grace Creek</i>		
			DATE OF BURIAL <i>Mar 12</i> , 191 <i>2</i>		
			UNDERTAKER <i>H. H. Yount</i>		
			ADDRESS <i>Lodge Mo</i>		

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*, *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. 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.)



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PLACE OF DEATH

County Bollinger
 Township Lorraine
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

Registration District No. 1026 File No. 7

Primary Registration District No. 5102 Registered No. 7

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

FULL NAME Mrs Katherine Cannon

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb 23, 1833
 (Month) (Day) (Year)

AGE 79 yrs. 16 mos. 16 ds. If LESS than
 1 day, _____ hrs. or _____ min.

OCCUPATION
 (a) Trade, profession, or
 particular kind of work at home
 (b) General nature of industry,
 business, or establishment in
 which employed (or employer) _____

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

PARENTS
 NAME OF FATHER Samuel Kelly
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa
 MAIDEN NAME OF MOTHER Elizabeth McKee
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ernest Cannon

(ADDRESS) Margaret Mrs.

Filed Mar 24 1912 J. N. Kirk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Mar 4, 1912, to Mar 10, 1912,
 that I last saw her alive on Mar 4, 1912,
 and that death occurred, on the date stated above, at 10-30 P.

The CAUSE OF DEATH* was as follows:
pneumonia
labor
 (Duration) _____ yrs. _____ mos. 10 ds.

Contributory
 (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) F. W. Galey M.D. M. D.
Mar 24, 1912 (Address) Margaret Mrs.

*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 New Lane Creek DATE OF BURIAL Mar 12, 1912

UNDERTAKER J. J. Yount ADDRESS Lodge Mrs.

Revised United States Standard Certificate of Death

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

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12448
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.)