

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.

No 3 V

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

PLACE OF DEATH Douglas
County Mc Murtry
Township _____
or _____
Village _____
or _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 272 File No. 13024
Primary Registration District No. 5983 Registered No. _____

FULL NAME Francis S. Comatsch

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

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widow</u> WIDOWED OR DIVORCED (Write the word)	
DATE OF BIRTH <u>Dec 6, 1846</u> (Month) (Day) (Year)			
AGE <u>65</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House work</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Q-D 72A STE</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>			
PARENTS	NAME OF FATHER <u>David H. Stickney</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>		
	MAIDEN NAME OF MOTHER <u>Rosanna M. Glenn</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Penn.</u>		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Comatsch
(ADDRESS) Lincoln Ill.

Filed Apr 4, 1913
M. H. Osborn REGISTRAR

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH <u>December 29, 1911</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Dec 3, 1911</u> , to <u>Dec 29, 1911</u> , that I last saw her alive on <u>Dec 29, 1911</u> , and that death occurred, on the date stated above, at <u>4³⁰</u> p. m. The CAUSE OF DEATH* was as follows:	
<u>Lobular Pneumonia</u> <u>Inflammatory Rheumatism</u> (Duration) _____ yrs. _____ mos. <u>15</u> ds.	
Contributory <u>Mitral insufficiency</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>A. S. James</u> M. D. <u>Dec 29, 1911</u> (Address) <u>Buckhart</u>	
*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 <u>15</u> yrs. _____ mos. _____ ds. In the State <u>17</u> yrs. _____ mos. _____ ds.	
Where was disease contracted if not at place of death? Former or usual residence <u>Cincinnati Ohio</u>	
PLACE OF BURIAL OR REMOVAL <u>Cincinnati Ohio</u>	DATE OF BURIAL _____, 191 <u>1</u>
UNDERTAKER <u>J. M. Kennedy</u>	ADDRESS <u>awa, Mo.</u>

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.)



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Douglas Registration District No. 272 File No. 13024
 Township McMurry or Village _____ Primary Registration District No. 5383 Registered No. _____
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Francis S. Comstock

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED widow WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH Dec 6, 1846
 (Month) (Day) (Year)
 AGE 65 yrs. mos. ds. If LESS than 1 day, hrs. or mins.
 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 BIRTHPLACE (City or town, State or foreign country) Ohio
 NAME OF FATHER David A. Stickney
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
 MAIDEN NAME OF MOTHER Rosanna McGlen
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

DATE OF DEATH Dec 29, 1911
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Dec 3, 1911, to Dec 29, 1911,
 that I last saw him alive on Dec 29, 1911,
 and that death occurred, on the date stated above, at 4:30 P.M.
 The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Inflammatory
Rheumatism
 (Duration) yrs. mos. ds. 15
 Contributory mitral insufficiency
 (SECONDARY) (Duration) yrs. mos. ds. _____
 (Signed) H. James M. D.
Dec 29, 1911 (Address) Buckhart

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. F. Comstock
 (ADDRESS) Lincoln Ill.
 Filed Dec 29, 1911 N. H. Osborne REGISTRAR

*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 15 yrs. mos. ds. In the 17 yrs. mos. ds. State
 Where was disease contracted If not at place of death? _____
 Former or usual residence Cincinnati Ohio
 PLACE OF BURIAL OR REMOVAL Cincinnati Ohio DATE OF BURIAL Jan 3, 1912
 UNDERTAKER M. Kennedy ADDRESS Ava Mo.

Revised United States Standard Certificate of Death

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

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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 septicæmia," "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.)