

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 St. Louis
Township Franklin or
Village _____ or
City Fackio (NO. _____) (St. _____) Ward _____
Registration District No. 20 File No. 16099
Primary Registration District No. 4024 Registered No. 16
FULL NAME Maguel M. Thompson
(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 <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)	DATE OF DEATH <u>May 20</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Mar 25</u> , 1 <u>907</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>May 25</u> , 191 <u>2</u> , to <u>May 20</u> , 191 <u>2</u> , that I last saw her alive on <u>May 21</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>2:30 p.m.</u> The CAUSE OF DEATH* was as follows:		
AGE <u>55</u> yrs. <u>1</u> mos. <u>21</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?			<u>Bright's Disease</u> <u>132A</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Widow Home wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Home duties</u>			(Duration) ___ yrs. ___ mos. ___ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>New York</u>			Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.		
PARENTS	NAME OF FATHER <u>Francis Davis</u>		(Signed) <u>C. M. Smith</u> M. D. <u>May 20</u> , 191 <u>2</u> (Address) <u>St. Louis, Mo.</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Scotland</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	MAIDEN NAME OF MOTHER <u>Shannon</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>3 wks</u> In the State <u>3 wks</u> Where was disease contracted If not at place of death? <u>St. Pleasant, Ia.</u>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>			Former or usual residence <u>Missouri Valley, Iowa</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Alfred J. Thompson</u>			PLACE OF BURIAL OR REMOVAL <u>Missouri Valley</u> DATE OF BURIAL <u>May 21</u> , 191 <u>2</u>		
(ADDRESS) <u>Fackio, Mo.</u>			UNDERTAKER <u>H. C. Trout</u> ADDRESS <u>Fackio</u>		
Filed <u>May 27</u> , 191 <u>2</u> <u>Chas. E. Buchanan</u> REGISTRAR					

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.)



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

PLACE OF DEATH

County Atchison

Township _____

Village _____

or City Jarkio (NO. _____)

Registration District No. 20

File No. _____

Primary Registration District No. 4014

Registered No. 16

St. _____ Ward _____

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

FULL NAME Margaret M. Thompson

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Mar. 28, 1868 (Month) (Day) (Year)

AGE 55 yrs. 1 mos. 21 ds. If LESS than 1 day, ___ hrs or ___ min

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

BIRTHPLACE (City or town, State or foreign country) N. Y. Ireland

PARENTS NAME OF FATHER Frank Davis BIRTHPLACE OF FATHER (City or town, State or foreign country) Scotland MAIDEN NAME OF MOTHER Emmie Shannon BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Thompson

(ADDRESS) Jarkio, Mo

Filed July 9, 1912 Chas E. Penhance REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 1, 1912, to May 1, 1912, that I last saw her alive on May 1, 1912, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows: Bright's disease (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. M. Waugb M. D. May 20, 1912 (Address) Jarkio, 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 Missouri Valley DATE OF BURIAL May 21, 1912

UNDERTAKER N. C. Trout ADDRESS Jarkio, Mo.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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 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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