

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

PLACE OF DEATH

County Lawrence

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Lawrence

Registration District No. 467

File No. 17501

Primary Registration District No. 4280

Registered No. 427

(NO. West Anderson St.: 1<sup>st</sup> Ward)

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

FULL NAME Mrs Mary E Steenaker

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 23, 1824  
(Month) (Day) (Year)

AGE 88 yrs. 0 mos. 12 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) " 9-9"

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

NAME OF FATHER Mr Baker

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't Know

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) On W Ryker

(ADDRESS) Lawrence Mo

Filed May 25, 1912 J. A. Melton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 4, 1912, to May 25, 1912, that I last saw her alive on May 24, 1912, and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH\* was as follows:  
Senility with Acute Yellow atrophy of Liver  
10-57  
115B

(Duration) \_\_\_ yrs. \_\_\_ mos. 20 ds.  
Contributory Parotitis & Bellousness  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 20 ds.

(Signed) J. N. Townsend M. D.  
5-25, 1912 (Address) Lawrence 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 Maple Park DATE OF BURIAL May 26, 1912

UNDERTAKER Mauley & Baumann ADDRESS Lawrence Mo

U.S. so that it may be properly classified. Exact statement of U.C.

# 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*, *peritonaeum*, 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.)



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 Lawrence  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Aurora (NO. W. Anderson St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 467 File No. 17501  
Primary Registration District No. 4280 Registered No. 27

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

FULL NAME Mrs. Mary E. Shornake

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 25, 1912  
(Month) (Day) (Year)

DATE OF BIRTH May 13, 1824  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 4, 1912, to May 25, 1912, that I last saw her alive on May 24, 1912, and that death occurred, on the date stated above, at 4<sup>30</sup> a.m.

AGE 88 yrs. 12 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
Senility with acute yellow atrophy of liver

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

Contributory Parotitis & tuberculosis  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Ry. Mo.

NAME OF FATHER John Baker

(Signed) S. N. Townsend M. D.  
May 25, 1912 (Address) Aurora Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.

MAIDEN NAME OF MOTHER Mo.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

\*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.

(Informant) A. W. Ryker

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

(ADDRESS) Aurora Mo.

PLACE OF BURIAL OR REMOVAL Maple Park DATE OF BURIAL May 26, 1912

FILED July 19, 1912 J. A. Melton REGISTRAR

UNDERTAKER Mauley & Bensman ADDRESS Aurora Mo.

# Revised United States Standard Certificate of Death

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

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