

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH
County Cooper.
Township Prairie Home
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 224 File No. 19836
Primary Registration District No. 5-305 Registered No. 5

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

FULL NAME Mrs. Margaret Anna George.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	DATE OF DEATH <u>June 9, 1917</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 5, 1835</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>May 2, 1917</u> , to <u>June 9, 1917</u> , that I last saw her alive on <u>June 9, 1917</u> , and that death occurred, on the date stated above, at <u>8 a.m.</u>	
AGE <u>77 yrs. 1 mos. 4 ds.</u>		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>No fracture neck of the femur</u> <u>Accident Right leg</u> <u>186 H.</u> <u>194 B</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			(Duration) _____ yrs. _____ mos. <u>17</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Cooper County Mo</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Clidge Adams.</u>		(Signed) <u>J. M. Poindexter</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>		191 _____ (Address) <u>Prairie Home Mo</u>	
	MAIDEN NAME OF MOTHER <u>Mary Robinson</u>		*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) <u>Kentucky</u>		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) <u>Mr Archi George</u> (ADDRESS) <u>Prairie Home Mo.</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
Filed <u>June 9, 1917</u> <u>A. L. Meredith</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Walnut Grove Cem.</u>	
			DATE OF BURIAL <u>June 11, 1917</u>	
			ADDRESS <u>Doonville 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.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County Cooper
Township Prairie Home
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 224 File No. 19836
Primary Registration District No. 5-305 Registered No. 5

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

FULL NAME Mrs. Margaret Anna George

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED m
(Write the word)

DATE OF BIRTH May 5, 1835
(Month) (Day) (Year)

AGE 77 yrs. 1 mos. 4 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) Cooper Co. Mo

NAME OF FATHER Elijah Adams

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

MAIDEN NAME OF MOTHER Mary Robinson

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) March George
(ADDRESS) Prairie Home

Filed June 9, 1912 by A. P. Meredith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 22, 1912, to June 9, 1912, that I last saw her alive on June 9, 1912, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Fracture, neck of Femur - accident
Right leg - fell off of a
Chair while raising a window
shade. (Duration) _____ yrs. _____ mos. 18 ds.

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

(Signed) J. H. Goodman M. D.
June 9, 1912 (Address) Prairie Home 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 Walnut Grove Cem. DATE OF BURIAL June 11, 1912

UNDERTAKER J. H. Goodman ADDRESS Bonville Mo

Revised United States Standard Certificate of Death

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

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