

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 Livingston
Township 56 Fairview Registration District No. 511 File No. 20622
or Country Primary Registration District No. 5680 Registered No. 7
Village _____
or _____
City _____ (No. _____) St. _____ Ward _____

FULL NAME Ester Madill Crittick

(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 WIDOWED OR DIVORCED (Write the word) <u>+</u>
DATE OF BIRTH <u>July 11</u> (Month) (Day) (Year) <u>841</u>	AGE <u>71</u> yrs. <u>11</u> mos. <u>23</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>house keeping</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Canada</u>		
PARENTS	NAME OF FATHER <u>Madill</u>	(Duration) ___ yrs. ___ mos. ___ ds.
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Canada</u>	(Signed) <u>W. M. Gardner</u> M. D. <u>June 9, 1912</u> (Address) <u>Chillicothe, Mo.</u>
	MAIDEN NAME OF MOTHER <u>Murder</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>Ontario, Canada</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>Lina Patterson</u> (ADDRESS) <u>Bedford, Mo.</u>		
Filed <u>June 8, 1912</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 26, 1912, to June 8, 1912, that I last saw her alive on June 7, 1912, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar PneumoniaContributory
(SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.(Signed) W. M. Gardner M. D.
June 9, 1912 (Address) Chillicothe, 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 Bainside Cemetery DATE OF BURIAL June 8, 1912
UNDERTAKER F. B. Norman ADDRESS Chillicothe, Mo.

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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name original "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, "Asthma," "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 Livingston
 Township Fairview
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 511 File No. 20622
 Primary Registration District No. 5680 Registered No. 7

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

FULL NAME Esther Madill Chittick

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) _____
 DATE OF BIRTH July 11, 1841
 (Month) (Day) (Year)
 AGE 71 yrs. 11 mos. 23 ds. If LESS than 1 day, ____ hrs. or ____ mins.

DATE OF DEATH June 8, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from May 26, 1912, to June 8, 1912, that I last saw her alive on June 8, 1912, and that death occurred, on the date stated above, at 3:30 p.m.

OCCUPATION (a) Trade, profession, or particular kind of work farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) housekeeping
 BIRTHPLACE (City or town, State or foreign country) Canada

The CAUSE OF DEATH* was as follows:
lobar pneumonia
 (Duration) _____ yrs. _____ mos. 20 ds.

PARENTS NAME OF FATHER Samuel Madill
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Canada
 MAIDEN NAME OF MOTHER Madill
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ontario

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 Signed W. M. Girdner M. D. June 9, 1912 (Address) Chillicothe Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lina Patterson
 (ADDRESS) Bedford, 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 home yrs. 71 mos. 11 ds. In the State Mo. yrs. 85 mos. 6 ds.
 Where was disease contracted if not at place of death? at her home
 Former or usual residence at home in Mo.

Filed Aug 8, 1912 T. G. Blakeley REGISTRAR

PLACE OF BURIAL OR REMOVAL Burnside Cem. DATE OF BURIAL June 9, 1912
 UNDERTAKER T. B. Norman ADDRESS Chillicothe

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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 "Asthensia," "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 septichaemia," "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.)