

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 Marion
Township _____
or
Village _____
or
City Hannibal (NO. Magnolia St. 6 Ward)

Registration District No. 547 File No. 20678
Primary Registration District No. 3029 Registered No. 169

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

FULL NAME Margery E. Key

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Infant.</u> |
| DATE OF BIRTH <u>Feb 3</u> , 1912 (Month) (Day) (Year) | | |
| AGE <u>4</u> yrs. <u>20</u> mos. <u>20</u> ds. | | IF LESS than 1 day, _____ hrs. or _____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Infant</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u> | | |
| PARENTS | NAME OF FATHER <u>Frank F. Key</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u> | |
| | MAIDEN NAME OF MOTHER <u>Alma G. Poore</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill.</u> | |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank F. Key
(ADDRESS) Hannibal Mo.
June 24 1912 W. P. Gouse
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 31, 1912, to June 23, 1912, that I last saw her alive on June 20, 1912, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:
Marasmus.
2 1/2
15

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

(Signed) R. Schmidt M. D.
6-22, 1912 (Address) Hannibal, 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 Riverside Cemetery DATE OF BURIAL June 24, 1912
UNDERTAKER Lievers Undertaking ADDRESS Hannibal 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 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.)



MARGIN RESERVED FOR BINDING

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

5, No. 2.

PLACE OF DEATH

County Marion

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

MISSOURI STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township _____

Registration District No. 547

File No. 20678

Village _____

Primary Registration District No. 3029

Registered No. 169

City Hannibal (NO. _____)

City Magnolia

St. 6 Ward _____

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

FULL NAME

Marjory E. Key

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Infant
(If write the word)

DATE OF DEATH June 29, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb. 3, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 31, 1912 to June 22, 1912
that I last saw her alive on June 20, 1912
and that death occurred, on the date stated above, at 4a m.

AGE 4 yrs. 20 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.

The CAUSE OF DEATH* was as follows:
Marasmus

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

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

(Duration) yrs. 4 mos. ___ ds.
Contributory Tuberculosis

NAME OF FATHER Frank F. Key

(Duration) yrs. ___ mos. ___ ds.
(Signed) R. Schmitt M. D.

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

(Address) Hannibal Mo.

MAIDEN NAME OF MOTHER Alma Y. Poore

*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) Ill.

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) Frank F. Key
(ADDRESS) Hannibal Mo.

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

Filed June 29, 1912 W. H. Yousse REGISTRAR

PLACE OF BURIAL OR REMOVAL Riverside Cem. DATE OF BURIAL June 24, 1912
UNDERTAKER Sievers Wnd. Co. ADDRESS Hannibal 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 *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.)