

MENT RECORD

N. B.—Every effort should be made to state 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 _____

Township _____

or Village _____

or City St. Louis

Registration District No. 791

File No. 21531

Primary Registration District No. 1003

Registered No. 5397

(NO. 3694 N. Olive St. 17 Ward)

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

FULL NAME Matilda E. Gibson

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug 31, 1833
(Month) (Day) (Year)

AGE 79 yrs. 9 mos. 15 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

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

PARENTS NAME OF FATHER Robert Purcell

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

MAIDEN NAME OF MOTHER Elizabeth Purcell

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur J. Gibson

(ADDRESS) 36 1/2 N. Olive St.

Filed JUN 17 1912 1912 Maub Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 1, 1911, to June 15, 1912, that I last saw her alive on June 15, 1912, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: 131 Cerebral Haemorrhage

82A
111B
(Duration) 1 yrs. 2 mos. 15 ds.

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

(Signed) S. E. Kurtz M. D.
June 17, 1912 (Address) 4909 McPherson

*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 RESIDENCE) 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 Calvary Cemetery DATE OF BURIAL June 18, 1912

UNDERTAKER Cellerian Bros ADDRESS 1710 N. Grand Ave

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*, *Sarcoma*, 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.

County _____ Registration District No. 791 File No. 21531

Township _____ or Village _____ Primary Registration District No. 1073 Registered No. 5-397

City St. Louis (No. 3694 W Pine St., St. 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Matilda E. Gibson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH June 15, 1912 (Month) (Day) (Year)

DATE OF BIRTH Aug. 31, 1893 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 1, 1912, to June 15, 1912, that I last saw him alive on June 15, 1912.

AGE 79 yrs. 9 mos. 15 ds. IF LESS than 1 day, hrs. or min.

and that death occurred, on the date stated above, at 10 p.m.

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

The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage
due to
Chronic Interstitial Nephritis

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

(Duration) yrs. mos. ds.
Contributory Hypostatic pneumonia (SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Robert Querkim

(Signed) E E Kurtz M. D.

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

June 15, 1912 (Address) 4909 McPherson
*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 Elizabeth Bona

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted If not at place of death?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur Gibson

Former or usual residence _____

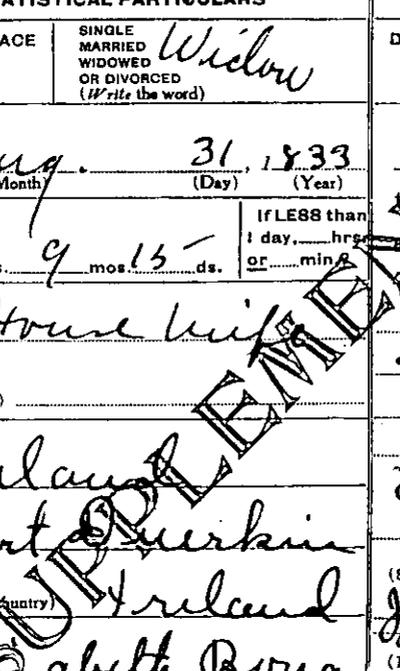
(ADDRESS) 3094 W. Pine St.

PLACE OF BURIAL OR REMOVAL Calvary Cemetery DATE OF BURIAL June 18 1912

Filed 21 1912 Marb Starkloff REGISTRAR

UNDERTAKER Cullerton Bros. ADDRESS 1716 N Grand Ave

N. B.—By GAW: of information should be stated at statement of OCCUPATION is very important. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.



Revised United States Standard Certificate of Death

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

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