

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Stoddard		Registration District No.	836	File No.	21973
Township or Village	Pike		Primary Registration District No.	6094B	Registered No.	
City	(NO. _____)	St. _____	Ward			
FULL NAME <u>Nancy Jane Mathis</u>						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Female	White	Widowed	6 21, 1912 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
10 31, 1845 (Month) (Day) (Year)			No physician, 1912			
AGE		If LESS than 1 day, ___ hrs. or ___ min.?	that I last saw h. alive on _____, 1912			
-53 yrs. 7 mos. 21 ds.			and that death occurred, on the date stated above, at 5:30 p.m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work		Housekeeping	Cancer of the breast			
(b) General nature of industry, business, or establishment in which employed (or employer)			43 50 (Duration) ___ yrs. ___ mos. ___ ds.			
BIRTHPLACE			Contributory			
(City or town, State or foreign country)		Indiana	(SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.			
PARENTS	NAME OF FATHER	Wm. McKinney	(Signed) No physician M. D.			
	BIRTHPLACE OF FATHER	Ind.	1912 (Address)			
	MAIDEN NAME OF MOTHER	Not known	*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	Not known	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
(Informant) Thomas Mathis			Where was disease contracted if not at place of death? _____			
(ADDRESS) Bell City, Mo.			Former or usual residence _____			
Filed	7/10	1912	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
			Bell City, Mo.	7/22, 1912		
			UNDERTAKER	ADDRESS		
			J. L. Congleton	Bell City, Mo.		
			REGISTRAR			

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

PLACE OF DEATH
County Stoddard
Township Pike
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 835 File No. 21973X
Primary Registration District No. 6097 B. Registered No. _____

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

FULL NAME Nancy Jane Mathis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF BIRTH 10 - 31, 1845
(Month) (Day) (Year)

AGE 66 yrs 7 mos 21 ds. If LESS than 1 day, hrs or mins

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

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

NAME OF FATHER Wm McKinney

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

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Mathis
(ADDRESS) Bell City Mo.

Filed 7/10 1912 C.O. Bennett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 - 21, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____ 191 to _____ 191, that I last saw him alive on _____ 191, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Cancer of the breast
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) No physician M. D.
7/10, 1912 C. O. Bennett, Registrar, Bell City, 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 Bell City Mo. DATE OF BURIAL 6-22 1912

UNDERTAKER J. G. Congleton ADDRESS Bell City Mo.

Original file, date JUN 7/10 1912, All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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