

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	<u>Montana</u>	Registration District No.	<u>140</u> File No. <u>22209</u>
Township	<u>Union</u>	Primary Registration District No.	<u>5101</u> Registered No. <u>18</u>
or Village		City	<u>St. Charles</u> (NO. <u>015</u> St. Ward)
or City		FULL NAME	<u>ata J. Montgomery</u>
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>July 25</u> (Month) (Day) 191 <u>2</u> (Year)
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>June 2</u> (Month) <u>1894</u> (Day) (Year)		<u>No attendance</u> , 191 <u>2</u>	
AGE	If LESS than 1 day, ___ hrs. or ___ min.?		that I last saw h _____ alive on _____, 191 <u>2</u>
<u>24</u> yrs. <u>1</u> mos. <u>3</u> ds.			and that death occurred, on the date stated above, at <u>10 a.</u>
OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>Housewife</u>		<u>Tuberculosis of lungs</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		<u>23A</u>	
BIRTHPLACE (City or town, State or foreign country)		(Duration) <u>2</u> yrs. ___ mos. ___ ds.	
<u>State of Mo</u>		Contributory (Secondary) _____ (Duration) _____ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER	(Signed) _____ M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>0</u> 191 <u>2</u> (Address) _____	
	MAIDEN NAME OF MOTHER	*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>all miss.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(Informant) <u>J. G. Cross</u>	At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		Where was disease contracted if not at place of death? _____
(ADDRESS) <u>Lively Mo</u>	Former or usual residence _____		PLACE OF BURIAL OR REMOVAL
Filed <u>7/29</u> 191 <u>2</u> <u>S. J. Martin</u> REGISTRAR.			<u>Cable Cross</u>
			DATE OF BURIAL <u>7/29</u> 191 <u>2</u>
			UNDERTAKER <u>None</u>
			ADDRESS <u>#</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*, *peritonaeum*, 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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PLACE OF DEATH

County Penton
 Township Union
 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. 140 File No. 22209
 Primary Registration District No. 5701 Registered No. 18

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

FULL NAME Ata J. Montgomery

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH June 25, 1888
 (Month) (Day) (Year)
 AGE 24 yrs. 1 mos. 3 ds. IF LESS than 1 day, hrs. or mins.

DATE OF DEATH July 28, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from _____, 191____,
 that I last saw h_____ alive on _____, 191____,
 and that death occurred, on the date stated above, at 119, 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:
Tuberculosis of lungs.

BIRTHPLACE (City or town, State or foreign country) State of Mo.

PARENTS
 NAME OF FATHER J. F. Crews
 BIRTHPLACE OF FATHER (City or town, State or foreign country) State of Mo.
 MAIDEN NAME OF MOTHER Alice Wall
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) [Signature] M. D.
 (Address) No attention

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. H. Crews
 (ADDRESS) Lively 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 _____

Filed July 29, 1912 East St
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Cable Cemetery DATE OF BURIAL 7-29, 1912
 UNDERTAKER none ADDRESS _____

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