

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	
County	<i>Clay Co.</i>	Registration District No.	<i>200</i>
Township	<i>Kearney</i>	File No.	2000
or Village		Primary Registration District No.	<i>5279B</i>
or City		Registered No.	<i>17</i>
FULL NAME		St. Ward	
<i>Lucy Thomason</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
<i>Female</i>	<i>white</i>	<i>Widow</i>	<i>July 23</i> , 191 <i>2</i>
DATE OF BIRTH			
<i>Sept 16</i> , 18 <i>94</i>	(Month) (Day) (Year)		
AGE	IF LESS than 1 day, hrs. or min.?		
<i>71</i> yrs. <i>10</i> mos. <i>8</i> ds.			
OCCUPATION			
(a) Trade, profession, or particular kind of work	<i>housewife</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)	<i>✓ 17-0</i>		
BIRTHPLACE (City or town, State or foreign country)	<i>Kearney Mo.</i>		
PARENTS	NAME OF FATHER	<i>Littleberry Ester</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<i>Virginia</i>	
	MAIDEN NAME OF MOTHER	<i>Lucy Ester</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<i>Virginia</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)	<i>Asa Thomason</i>		
(ADDRESS)	<i>Kearney Mo.</i>		
Filed	<i>July 24</i> , 191 <i>2</i>	<i>Hazme Rowell</i>	REGISTRAR
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
<i>Country</i>		<i>July 25</i> , 191 <i>2</i>	
UNDERTAKER		ADDRESS	
<i>Durham</i>		<i>Kearney Mo.</i>	

I HEREBY CERTIFY, that I attended deceased from *June 14*, 191*2*, to *July 19*, 191*2*, that I last saw her alive on *July 19*, 191*2*, and that death occurred, on the date stated above, at *5 a. m.*

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Obstruction
93-C
172-A
109
(Duration) *1* yrs. *2* mos. ds.
Contributory *Chronic Interstitial Myo-*
Carditis (Duration) *2* yrs. *5* mos. *16* ds.
(Signed) *L. H. Collier* M. D.
July 23, 191*2* (Address) *Kearney 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: _____

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.)



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

County Clay
Township Kearney
or
Village
or
City _____ (NO _____ St. _____ Ward _____)

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

Registration District No. 200 File No. 22526
Primary Registration District No. 5279B Registered No. 11

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

FULL NAME Lucy Thomason

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) widow

DATE OF BIRTH Sept. 16, 1840
(Month) (Day) (Year)

AGE 71 yrs. 10 mos. 8 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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

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

PARENTS NAME OF FATHER Littleberry Estes BIRTHPLACE OF FATHER Virginia MAIDEN NAME OF MOTHER Lucy Cornin BIRTHPLACE OF MOTHER Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Asa Thomason (ADDRESS) Kearney Mo.

Filed Sept. 9, 1912 Hazmie Rowley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Jan 14, 1912, to July 19, 1912, that I last saw her alive on July 19, 1912, and that death occurred, on the date stated above, at 5 a, m.

The CAUSE OF DEATH* was as follows:
Chronic Intestine Obstruction
Probably incarcerated Lateral Hernia

Contributory, Chronic Intestinal Myocarditis (Duration) 2 yrs. _____ mos. _____ ds.
(Signed) L. A. Collier M. D.
July 23, 1912 (Address) Kearney 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 Country Home DATE OF BURIAL July 23, 1912
UNDERTAKER Denham Kelly ADDRESS Kearney 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.)