

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR OR RACE <i>white</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>Widowed</i> (Write the word)	DATE OF DEATH <i>July 12th</i> , 1912 (Month) (Day) (Year)	
DATE OF BIRTH <i>Oct. 19th</i> , 1824 (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>July 11</i> , 1912, to <i>July 11</i> , 1912,	
AGE <i>87</i> yrs. <i>8</i> mos. <i>23</i> ds.			that I last saw her alive on <i>July 11</i> , 1912,	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Housework</i>			and that death occurred, on the date stated above, at <i>10 a. m.</i>	
(b) General nature of industry, business, or establishment in which employed (or employer)			The CAUSE OF DEATH* was as follows: <i>Senility</i> <i>1915</i> <i>1919</i> (Duration) <i>4</i> yrs. <i>10</i> mos. <i>ds.</i>	
BIRTHPLACE (City or town, State or foreign country) <i>Greigo Co., Ohio</i>			Contributory <i>Fractured Femur</i> (SECONDARY) (Duration) <i>1</i> yrs. <i>10</i> mos. <i>ds.</i>	
PARENTS	NAME OF FATHER <i>Amos Satterlee</i>		(Signed) <i>Glenn W. Blaine</i> M. D. <i>July 13, 1912</i> (Address) <i>Cartersville, Ga.</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Conn.</i>		*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 <i>Nancy Morgan</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <i>1</i> yrs. <i>10</i> mos. <i>ds.</i> In the State <i>1</i> yrs. <i>10</i> mos. <i>ds.</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Conn.</i>		Where was disease contracted if not at place of death? Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <i>Mrs. G. W. Rowley</i>			PLACE OF BURIAL OR REMOVAL <i>Cartersville Cemetery</i>	
(ADDRESS) <i>Cartersville, Ga.</i>			DATE OF BURIAL <i>July 13th</i> , 1912	
Filed <i>July 13, 1912</i>			UNDERTAKER <i>J. T. Steele and Co.</i>	
REGISTRAR <i>Glenn W. Blaine</i>			ADDRESS <i>Webb City, Mo.</i>	

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23281 ~~23281~~

PLACE OF DEATH

County *Jasper*

Township _____

or

Village _____

or

City *Cartersville*(NO. *Christina & Wilson* St.;

Ward)

Registration District No. *407*Primary Registration District No. *4241*Registered No. *29*FULL NAME *Mrs. Jane E. Sasser*

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

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 septichaemia," "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 Jasper

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

Township _____ or _____

Registration District No. 407

File No. 23281

Village _____ or _____

Primary Registration District No. 4241

Registered No. 29

City Carterville

(NO. Christena & Wilson Ward)

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

FULL NAME

Mrs Jane E. Sain

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct - 19, 1824
(Month) (Day) (Year)

AGE 87 yrs. 8 mos. 23 ds.
If LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Gerriago Ohio

PARENTS NAME OF FATHER Amos Satterlee BIRTHPLACE OF FATHER Conn.
MAIDEN NAME OF MOTHER Nancy Morgan BIRTHPLACE OF MOTHER Conn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. G. W. Rowley
(ADDRESS) Carthage Mo.

Filed July 13, 1922 G. W. Wellburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 11, 1922, to July 11, 1922, that I last saw her alive on July 11, 1922.

That death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Senility

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

(Signed) G. W. Wellburn M. D. July 13, 1922 (Address) Carterville 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 Carterville Cem. DATE OF BURIAL July 23, 1922

UNDERTAKER J. T. Steele Und. Co. ADDRESS Webb City Mo.

Revised United States Standard Certificate of Death

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

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