

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH Polk
 County Polk
 Township Union
 or ~~Adair~~
 Village ~~Adair~~
 or
 City _____ (NO. _____ St. _____ Ward _____)
 Registration District No. 700 File No. 23889 22885
 Primary Registration District No. 6249 Registered No. 14

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

FULL NAME Mary Ann Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widowed
 (Write the word)
 DATE OF BIRTH July 18, 1828
 (Month) (Day) (Year)
 AGE 83 yrs. 11 mos. 20 ds. IF LESS than 1 day, 8 hrs. or 1 min.?
 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 BIRTHPLACE (City or town, State or foreign country) Watertown N. York
 PARENTS
 NAME OF FATHER Harvey Weldon
 BIRTHPLACE OF FATHER (City or town, State or foreign country) New York
 MAIDEN NAME OF MOTHER Mary Ann Weldon
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) New York

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from May 18, 1912, to July 10, 1912, that I last saw her alive on July 10, 1912, and that death occurred, on the date stated above, at 9 a.m.
 The CAUSE OF DEATH* was as follows:
Gastritis with
Intestinal indigestion
120 B
 (Duration) 115 yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. Williams Kinder M. D.
July 10 - 1912 (Address) Adair 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Thomas B. Martin
 (ADDRESS) Adair Mo

Filed July 12 1912 J. M. Tangle REGISTRAR

PLACE OF BURIAL OR REMOVAL Beasant Ridge
 UNDERTAKER Galson Bros
 DATE OF BURIAL July 11, 1912
 ADDRESS Adair Mo.

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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Polk
 Township Union
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

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

Registration District No. 700 File No. 23889
 Primary Registration District No. 6249 Registered No. 11

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

FULL NAME Mary Ann Martin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED widowed
 WIDOWED OR DIVORCED
 (Write the word)
 DATE OF BIRTH July 18, 1828
 (Month) (Day) (Year)
 AGE 83 yrs. 11 mos. 30 ds. IF LESS than
 1 day, hrs. or mins.

DATE OF DEATH July 10, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
May 18, 1912, to July 10, 1912
 that I last saw her alive on July 10, 1912
 and that death occurred, on the date stated above, at 9 a. m.

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

The CAUSE OF DEATH* was as follows:
Stomatitis with
Intestinal Indigestion
 (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE
 (City or town, State or foreign country) Watertown, N. York

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

NAME OF FATHER Harvey Weldon

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

MAIDEN NAME OF MOTHER Mary Ann Shelery

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

(Signed) William J. Kinder M. D.
July 10, 1912 (Address) Aldrich 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. B. Martin

(ADDRESS) Aldrich Mo.

PLACE OF BURIAL OR REMOVAL Pleasant Ridge DATE OF BURIAL July 11, 1912

Filed July 12, 1912 A. M. Laughlin REGISTRAR

UNDERTAKER Toolson Bros. ADDRESS Aldrich Mo.

Original file. date JUL 12, 1912 All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information should be carefully supplied. CAUSE 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.

RECORD WILL CONTAIN 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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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.)