

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
County Rushmore R. F. D. Orace
Township Centre Registration District No. 8012-2-1 File No. 28751
or
Village _____ Primary Registration District No. 5719 Registered No. 27
or
City _____ (NO. Gen. Mt. Man St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Annie E. Crawford

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widow</u> (Write the word)
DATE OF BIRTH <u>Sep 22, 1912</u> (Month) (Day) (Year)		AGE <u>63</u> yrs. <u>11</u> mos. <u>22</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		
PARENTS	NAME OF FATHER <u>Laurance Corbett</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>	
	MAIDEN NAME OF MOTHER <u>Annie Corbett</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>	

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sen 14, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sen 7, 1912, to Sen 14, 1912, that I last saw her alive on Sen 14, 1912, and that death occurred, on the date stated above, at 40 m. The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis
23A
25 (Duration) 1 yrs. 0 mos. 0 ds.
Contributory Tubercular Peritonitis
(SECONDARY) (Duration) 3 yrs. 0 mos. 0 ds.
(Signed) J. M. D. Orace M. D.
Sept 6, 1912 (Address) 107 W. 2nd St.

*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) N. J. Crawford
(ADDRESS) R. F. D. No 5
Filed 9/15, 1912, R. F. D. Orace REGISTRAR

PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem DATE OF BURIAL Sep 17, 1912
UNDERTAKER Rock & Clark ADDRESS 2113 So 9th

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*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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.)

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

PLACE OF DEATH

County Buchanan
 Township Centre
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 80 File No. 28751
 Primary Registration District No. 5119 Registered No. 22

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

FULL NAME Annie E. Crawford

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Sept. 14, 1912
(Month) (Day) (Year)

DATE OF BIRTH Sept. 22, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 7, 1912, to Sept. 14, 1912
 that I last saw her alive on Sept. 14, 1912

AGE 62 yrs. 11 mos. 22 ds.
If LESS than 1 day, hrs. or min.

and that death occurred, on the date stated above, at 4 p. 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:
Intestinal tuberculosis

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

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

NAME OF FATHER Lawrence Corbett

Contributory Tubercular Laryngitis
(SECONDARY)

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

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

MAIDEN NAME OF MOTHER Abigail Corbett

(Signed) John J. Byrne M. D.
Sept. 16, 1912 (Address) 181 W. Mo. Ave.

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

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) M. J. Crawford

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(ADDRESS) 205 W. 7th St.

Where was disease contracted if not at place of death? _____

Filed 11/10 1912 A. J. Powell REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Sept. 17 1912

UNDERTAKER Roch & Clark ADDRESS 211-13th St.

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