

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 Caldwell
Township Fulton
or Village Fulton
or City Fulton

Registration District No. 104 File No. 28915
Primary Registration District No. 3008 Registered No. 128

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

FULL NAME Katie Ann De Witt

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>Aug 31</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Dec 12</u> , 18 <u>82</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec 12</u> , 191 <u>0</u> , to <u>Aug 31</u> , 191 <u>2</u> , that I last saw her alive on <u>Aug 31</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>10:40</u> A.M.	
AGE <u>about 90</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Cerebral Thrombosis</u> <u>82A</u> <u>97</u> (Duration) yrs. mos. ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Shirley's</u>			Contributory <u>Arteriosclerosis</u> (SECONDARY) (Duration) yrs. mos. ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>			(Signed) <u>H. C. Singleton</u> M. D. <u>Sept 1</u> , 191 <u>2</u> (Address) <u>Fulton Mo</u>	
PARENTS	NAME OF FATHER <u>John / known</u>		*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 FATHER (City or town, State or foreign country) <u>John / known</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>2</u> yrs. <u>8</u> mos. <u>19</u> ds. In the State <u>_____</u> yrs. mos. ds.	
	MAIDEN NAME OF MOTHER <u>John / known</u>		Where was disease contracted if not at place of death? <u>Lafayette Co</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>John / known</u>		Former or usual residence <u>Lafayette Co</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. C. Singleton</u> (ADDRESS) <u>Fulton Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Fulton Mo</u>	
Filed <u>Sept 2</u> 191 <u>2</u> <u>W. E. Ruby</u> REGISTRAR			DATE OF BURIAL <u>Sept 2</u> 191 <u>2</u> UNDERTAKER <u>Mitchell Brooks Fulton Mo</u> ADDRESS	

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 oc-

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
the American Medical Association.)

_____, using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epid cerebrospinal meningitis"); *Diphtheria* (avoid use "Croup"); *Typhoid fever* (never report "Typh pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*,

