

WRITE PEANUT, 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 Jasper
Township Jasper
or
Village
or
City Asbury Mo. (NO. _____ St. _____ Ward _____)

Registration District No. 418 File No. 29870
Primary Registration District No. 5572 Registered No. 11

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

FULL NAME Mary Ann Rafferty

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH October 9, 1845
(Month) (Day) (Year)

AGE 66 yrs. 10 mos. 17 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

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

PARENTS
NAME OF FATHER A. Taylor
BIRTHPLACE OF FATHER Kentucky
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Nancy Howay
BIRTHPLACE OF MOTHER Kentucky
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. C. Wagner

(ADDRESS) Jasper Mo.

Filed Sept. 26, 1912 O. L. Liberty REGISTERAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 15, 1912, to Sept 16, 1912, that I last saw her alive on " 16, 1912,

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:
Cerebro Hemorrhage
131
821A
(Duration) 17 yrs. 6 mos. 17 ds.

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

(Signed) At August Clark M. D.
Sept 26, 1912 (Address) Jasper 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. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Georgia City DATE OF BURIAL Sept 27, 1912

UNDERTAKER Rosey Meala ADDRESS Care for M.

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 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH
 County Jasper
 Township Jasper
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 418 File No. 29870
 Primary Registration District No. 5572 Registered No. 11

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

FULL NAME Mary Ann Raffety

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED married
 WIDOWED OR DIVORCED
 (#Write the word)

DATE OF BIRTH Oct. 9, 1845
 (Month) (Day) (Year)

AGE 66 yrs. 10 mos. 17 ds. IF LESS than 1 day, hrs. or mins.

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

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

PARENTS
 NAME OF FATHER A. Taylor
 BIRTHPLACE OF FATHER Kentucky
 MAIDEN NAME OF MOTHER Nancy Holloway
 BIRTHPLACE OF MOTHER Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M.C. Wagner
 (ADDRESS) Joplin Mo.

Filed Sept 26 1912 D.L. Albert
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 10, 1912, to Sept. 16, 1912, that I last saw her alive on Sept. 16, 1912.

that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Cerebro hemorrhage due to nephritis.

(Duration) 3 yrs. 7 mos. 7 ds.

Contributory nephritis
 (SECONDARY) (Duration) 5 yrs. 5 mos. 5 ds.

(Signed) A. Benson Clark M. D.
Sept. 26, 1912 (Address) Joplin, 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 3 yrs. 7 mos. 7 ds. in the State 3 yrs. 7 mos. 7 ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Georgia City DATE OF BURIAL Sept. 27, 1912

UNDERTAKER Toney Merc. Co. ADDRESS Carl Jet. 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.)