

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 in very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Livingston
Township _____ Registration District No. 508 File No. 30023
or
Village _____ Primary Registration District No. 3026 Registered No. 100
or
City Chillicothe Mo. (NO. _____) St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Madge Earhart

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-------------------------------|---|
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word) |
| DATE OF BIRTH <u>Dec 25</u> 19 <u>88</u> (Month) (Day) (Year) | | |
| AGE <u>23</u> yrs. <u>8</u> mos. <u>19</u> ds. | | IF LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>0-0</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u> | | |

| | |
|---------|--|
| PARENTS | NAME OF FATHER <u>Augustus Earhart</u> |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u> |
| | MAIDEN NAME OF MOTHER <u>Julia Stansbury</u> |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Powell
(ADDRESS) Chillicothe Mo.

Filed Sept 5 1922 R. Borney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Sept 4 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Sept 3, 1922, to Sept 4, 1922,
that I last saw her alive on Sept 4, 1922,
and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis. She was brought from Kansas city on Sept 3rd and was dying when she arrived here. Had been under a Dr. case of H. C. (Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) H. M. Groves M. D.
Sept 4 1922 (Address) Chillicothe 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
Edgewood Cemetery
DATE OF BURIAL
Sept 5 1922

UNDERTAKER
J. Mohr & Son
ADDRESS
Chillicothe 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*, *peritoneum*, 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.)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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

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

Registration District No. 508 File No. 30023
Primary Registration District No. 3026 Registered No. 100

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

FULL NAME Madge Earhart

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(If file the word)

DATE OF BIRTH Dec. 10, 1888
(Month) (Day) (Year)

AGE 23 yrs. 8 mos. 19 ds. IF LESS than 1 day, _____ hr. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Mo. Tenn.

PARENTS NAME OF FATHER Augustus Earhart BIRTHPLACE OF FATHER Ohio
MAIDEN NAME OF MOTHER Julia Hansberry BIRTHPLACE OF MOTHER Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julia Howell
(ADDRESS) Chillicothe, Mo.

Filed 11/5/1912 1912 Rube E. Boring REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 3, 1912, to Sept. 4, 1912, that I last saw her alive on Sept. 4, 1912, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Telvic Peritonitis
No other information obtainable other than that contained in former certificate

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

(Signed) H. M. D. M. D. Sept. 4, 1912 (Address) Chillicothe, 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 Edgewood Cem. DATE OF BURIAL Sept. 5, 1912

UNDERTAKER J. Mohr & Son ADDRESS Chillicothe, Mo.

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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.)