

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 Saline ✓  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or City Maum (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 Registration District No. 797 File No. 31581  
 Primary Registration District No. 4477 Registered No. \_\_\_\_\_

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	DATE OF DEATH <u>Sept - 2</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov - 10</u> , 1891 (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Aug - 21</u> , 191 <u>2</u> , to <u>Sept - 2</u> , 191 <u>2</u> , that I last saw her alive on <u>Sept - 2</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>6:32</u> p.m.	
AGE <u>20</u> yrs. <u>9</u> mos. <u>22</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Suppurative Peritonitis</u> <u>1395 127</u> (Duration) yrs. ___ mos. <u>4</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>V. G. - O</u>			Contributory <u>Ovarian Abscess</u> (SECONDARY) (Duration) yrs. ___ mos. <u>12</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Saline Co, Mo.</u>			(Signed) <u>Frank H. Sullivan</u> M. D. <u>Sept - 3</u> , 191 <u>2</u> (Address) <u>Maum, Mo.</u>	
PARENTS	NAME OF FATHER <u>Thomas Audaley</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>Saline Co, Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>Beatrice Oliver</u>		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tennessee</u>		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) <u>Frank H. Sullivan</u> (ADDRESS) <u>Maum, Mo.</u>				
Filed <u>Sept - 3</u> , 191 <u>2</u> <u>Frank H. Sullivan</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u> DATE OF BURIAL <u>Sept - 4</u> , 191 <u>2</u>	
			UNDERTAKER <u>G. P. Cunningham</u> ADDRESS <u>Maum, Mo.</u>	

# 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*, *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 septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgi al 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 RE-BUREAU OF VITAL STATISTICS  
 CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Saline  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Miami (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 797 File No. \_\_\_\_\_  
 Primary Registration District No. 4477 Registered No. \_\_\_\_\_

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

FULL NAME Mary Pearl Braine

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>Dec. 10, 1891</u> (Month) (Day) (Year)		
AGE <u>20 yrs. 9 mos. 22 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Saline Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>Thomas G. Adaler</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Saline Co. Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Victoria Olinger</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Penn.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 21, 1912, to Sept. 2, 1912, that I last saw her alive on Sept. 2, 1912, and that death occurred, on the date stated above, at 6:35 p.m.

The CAUSE OF DEATH\* was as follows:  
Wetful Peritonitis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Frank H. Sullivan M. D. Sept. 3, 1912 (Address) Miami 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) Frank H. Sullivan  
 (ADDRESS) Miami, Mo.

PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u>	DATE OF BURIAL <u>Sept. 4, 1912</u>
UNDERTAKER <u>G. T. Cunningham</u>	ADDRESS <u>Miami Mo.</u>

Filed Sept. 3, 1912 Frank H. Sullivan REGISTRAR

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