

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

PLACE OF DEATH

County Linn

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City Cardwell mo (NO. \_\_\_\_\_)

Registration District No. 283

File No. 32515

Primary Registration District No. 4167

Registered No. 151

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

FULL NAME Rachael P. Mcbarnal

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If file the word) Married

DATE OF BIRTH Nov - 14, 1847  
(Month) (Day) (Year)

AGE 64 yrs. 11 mos. 6 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work House Wiper  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-10

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

PARENTS NAME OF FATHER unknown Elgie BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio MAIDEN NAME OF MOTHER Rachael P. Elgie BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maggie Pileaus (ADDRESS) Cardwell mo

Filed 10-21<sup>st</sup> 1912 Eli Back REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20<sup>th</sup>, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May - 5<sup>th</sup>, 1912, to Oct. 20<sup>th</sup>, 1912, that I last saw her alive on Oct. 20<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 3<sup>30</sup> p.m.

The CAUSE OF DEATH\* was as follows:  
Cancer of Breast.  
50

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Eli Back M. D.  
10-21<sup>st</sup> 1912 (Address) Cardwell 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 Healer 2nd. DATE OF BURIAL Oct 23<sup>rd</sup> 1912  
UNDERTAKER J.R. Anderson ADDRESS Cardwell mo

WRITE PLAINLY. WRITING IN RED INK 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.

# 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.)

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

CERTIFICATE OF DEATH

WRITE FULLY IN INK-TYPIS PERMANENT RECORD

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County Dunklin  
Township Cardwell  
Village Cardwell  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 283  
Primary Registration District No. 7167

File No. 32515  
Registered No. 151

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

FULL NAME Racheal P. McCausal

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>Nov. 14, 1847</u> (Month) (Day) (Year)		
AGE <u>64</u> yrs. <u>11</u> mos. <u>6</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)		
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 3, 1912 to Oct 20, 1912 that I last saw him alive on Oct 20, 1912 and that death occurred, on the date stated above, at 8:31 p.m.

The CAUSE OF DEATH was as follows:  
Cancer of breast

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

PARENTS	NAME OF FATHER <u>unknown</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>
	MAIDEN NAME OF MOTHER <u>Racheal P. Unknown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>

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

(Signed) Eli Back M. D.  
10-21, 1912 (Address) Cardwell, Mo.

\*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. M. McLeannell  
(ADDRESS) Cardwell, Mo.

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 \_\_\_\_\_

Filed 10-22nd 1912 Eli Back REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Director Dub.</u>	DATE OF BURIAL <u>Oct-23 1912</u>
UNDERTAKER <u>J.R. Anderson</u>	ADDRESS <u>Cardwell Mo.</u>

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