

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

PLACE OF DEATH
County Marion

Township _____
or
Village _____
or
City Hannibal

Registration District No. 5217
Primary Registration District No. 2029
(NO. 1304 Fairview)

File No. 33501
Registered No. 7218
St. 4 Ward)

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

FULL NAME Sarah F. Harden

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan 3, 1838
(Month) (Day) (Year)

AGE 74 yrs. 3 mos. 18 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) " " " "

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

NAME OF FATHER Jno. Ross

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Benker

(ADDRESS) Hannibal

Filed Oct 17, 1912 (Signature)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July, 1912, to Oct 15, 1912, that I last saw her alive on Oct 15, 1912, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Endocarditis (Ch)
Valvular involvement
92.7
720 (Duration) yrs. 4 mos. ds.

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

(Signed) J. J. [Signature] M. D.
10716 St (Address) Hannibal 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 New London Mo DATE OF BURIAL _____ 1912

UNDERTAKER Wm M. Smith ADDRESS Hannibal

12-3

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) *Colton 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, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

*Whooping cough; Chronic valvular heart di-
interstitial nephritis*, etc. The contributor
or intercurrent) affection need not be stat
portant. Example: *Measles* (disease ca
29 ds.; *Bronchopneumonia* (secondary), I
report mere symptoms or terminal conditi
"Asthenia," "Anaemia" (merely symptomati
"Collapse," "Coma," "Convulsions," "Del
genital," "Senile," etc.), "Dropsy," "Exhaus
failure," "Haemorrhage," "Inanition," "Mar
age," "Shock," "Uraemia," "Weakness,"
definite disease can be ascertained as the ca
qualify all diseases resulting from child
carriage, as "PUERPERAL septicaemia,"
peritonitis," etc. State cause for which surg
was undertaken. For VIOLENT DEATHS st
INJURY and qualify as ACCIDENTAL, SUICID
CIDAL, or as *probably* such, if impossible
definitely. Examples: *Accidental drownin
railway train—accident; Revolver wound of he
Poisoned by carbolic acid—probably suicide*.
of the injury, as fracture of skull, and consec
sepsis, tetanus) may be stated under the h
tributory." (Recommendations on statemen
death approved by Committee on Nomencl
American Medical Association.)

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