

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied, ^{DATE}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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Jefferson</i>		Registration District No.	<i>425</i>
Township	<i>Meramec</i>		File No.	<i>36405</i>
Village			Primary Registration District No.	<i>5580</i>
City			Registered No.	<i>40</i>
FULL NAME			<i>Margaret Boback</i>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OF RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)	DATE OF DEATH	
<i>Female</i>	<i>White</i>	<i>Married</i>	<i>Nov 24, 1912</i>	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
<i>March 8, 1864</i>			<i>July 22, 1912, to Nov 16, 1912,</i>	
AGE			that I last saw her alive on <i>Nov 16, 1912,</i>	
<i>48 yrs. 8 mos. 16 ds.</i>			and that death occurred, on the date stated above, at <i>5:30 p.m.</i>	
OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <i>House Wife</i>			<i>Cancer of the Womb</i>	
(b) General nature of industry, business, or establishment in which employed (or employer) <i>920</i>			<i>4 1/2 yrs</i>	
BIRTHPLACE			(Duration) <i>1 yrs. 2 mos. ds.</i>	
<i>Europe</i>			Contributory	
PARENTS	NAME OF FATHER <i>Brown</i>		(SECONDARY)	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Europe</i>		(Duration) <i>2 yrs. mos. ds.</i>	
	MAIDEN NAME OF MOTHER <i>Don't know</i>		(Signed) <i>Mrs. Boback</i> M. D.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Europe</i>		<i>Nov 24, 1912</i> (Address) <i>Pacific Mo</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant) <i>Dorothy Boback</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(ADDRESS) <i>Pacific Mo</i>			At place of death <i>1</i> yrs. <i>2</i> mos. <i>16</i> ds. In the State <i>Mo</i> yrs. <i>48</i> mos. <i>16</i> ds.	
Filed <i>Nov 29, 1912</i> <i>Leicester Brezgaile</i> REGISTRAR			Where was disease contracted If not at place of death?	
			Former or usual residence	
			PLACE OF BURIAL OR REMOVAL	
			<i>Pacific City Cemetery</i>	
			DATE OF BURIAL	
			<i>11/25, 1912</i>	
			UNDERTAKER	
			<i>Jos. Thiemes</i>	
			ADDRESS	
			<i>Pacific Mo</i>	

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 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

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 Jefferson
Township Mechanic
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 425 File No. _____
Primary Registration District No. 5580 Registered No. 40

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

FULL NAME Margaret Boback

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>m</u> (Write the word)
DATE OF BIRTH <u>mar 8</u> , 18 <u>64</u> (Month) (Day) (Year)		
AGE <u>48</u> yrs. <u>8</u> mos. <u>16</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>Europe</u>		
PARENTS	NAME OF FATHER <u>Boback</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Europe</u>	
	MAIDEN NAME OF MOTHER <u>Zink</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Europe</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 22, 1912, to Nov 16, 1912, that I last saw her alive on Nov 16, 1912 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:
Cancer of the Womb

(Duration) 1 yrs. 2 mos. ___ ds.

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

(Signed) W.A. Booth M. D.
Nov 24, 1912 (Address) Pacific 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) Dorothy Boback
(ADDRESS) Pacific Mo.

Filed Jan 4, 1913 by John H. Brimmer REGISTRAR

PLACE OF BURIAL OR REMOVAL Pacific City Cem DATE OF BURIAL 11/25, 1912

UNDERTAKER James A. Thielen ADDRESS Pacific Mo

Original file date NOV, 1912 All information called for must be written on this Supplementary Certificate.

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[Approved by U. S. Census and American Public Health
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