

PLACE OF DEATH

*Bald*MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty LafayetteTownship Lexington

Village _____

City LexingtonRegistration District No. 461File No. 36458Primary Registration District No. 5024Registered No. 100(NO. South 10 th. St. 2 Ward)

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

FULL NAME Annie Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

NegroSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)Married

DATE OF BIRTH

Exact date not known,
(Month) (Day) (Year)

AGE

About 45 yrs. _____ mos. _____ ds.If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) At home

BIRTHPLACE

(City or town, State or foreign country) Missouri

NAME OF FATHER

Maek Williams

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER

Leah Green

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Williams(ADDRESS) LexingtonFiled Nov. 10th 1912. J. H. Reddick

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

October 31, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from October 1st, 1912, to Oct. 31, 1912, that I last saw her alive on October 31, 1912, and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of heart
95 B
55 B(Duration) _____ yrs. 6 mos. _____ ds.Contributory Uterine Tumor(Duration) 2 yrs. _____ mos. _____ ds.

(Signed)

Oct 31 1912J. D. Ball M. D.
(Address) Lexington, 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

Lexington, Mo

DATE OF BURIAL

NOV 2 1912

UNDERTAKER

Ernest Fegert

ADDRESS

Lexington, MD

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.)

HUGH STEPHENS, JEFFERSON CITY.



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

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, and at least in years, months, and days. OCCUPATION is very important. Exact status, if any, should be properly classified. Exact status, if any, should be properly classified.

PLACE OF DEATH

County Lafayette
 Township _____
 or _____
 Village _____
 or _____
 City Lexington (NO. _____ St. _____ Ward _____)

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CERTIFICATE OF DEATH

Registration District No. 461 File No. _____
 Primary Registration District No. 3024 Registered No. 100

FULL NAME

Annie Morris

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>B.</u>	SINGLE, MARRIED, WIDOWED OR DIVORCED <u>m</u> (Write the word)
DATE OF BIRTH <u>unk</u> (Month) (Day) (Year)		
AGE <u>abt 45</u> yrs. mos. 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>Mo</u>		
PARENTS	NAME OF FATHER <u>Mack Williams</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Va</u>	
	MAIDEN NAME OF MOTHER <u>Leah Green</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 31, 1912, to Oct 31, 1912, that I last saw her alive on Oct 31, 1912, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:
Hypertrophy of Heart

Contributory Uterine Tumor
 (Secondary) (Duration) yrs. mos. ds.

(Signed) J. D. Brier M. D.
 1912 (Address) Lexington Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Williams
 (ADDRESS) Lexington Mo

Filed X Nov 10, 1912 G. B. ...
 REGISTRAR

*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 <u>Lexington Mo</u>	DATE OF BURIAL <u>Nov 2</u> , 191 <u>2</u>
UNDERTAKER <u>Wm. Tregert</u>	ADDRESS <u>Lexington</u>

Revised United States Standard Certificate of Death

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

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