

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

PLACE OF DEATH
County Randolph

Township _____
or
Village _____
or
City Moberly Mo. (No. 233 Hedgesboro)

Registration District No. 735

File No. 37000

Primary Registration District No. 3034

Registered No. 188

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

FULL NAME Charlott Alderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE colored SINGLE MARRIED married WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH Don't know
(Month) (Day) (Year)

AGE About 67 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —

BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS
NAME OF FATHER Mrs. Kitchen
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
MAIDEN NAME OF MOTHER Harriett Mc Cormick
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jennie Dodd
(ADDRESS) Macon, Mo.

Filed 11-25- 1912 U. Becans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from June 15, 1912, to Nov 24, 1912, that I last saw her alive on Nov 24, 1912, and that death occurred, on the date stated above, at 8:10 m.

The CAUSE OF DEATH* was as follows:
Unipiti, Chronic Paralysis
131
(Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) (Duration) — yrs. — mos. — ds.
(Signed) J. P. Lowen M. D.
1126 1912 (Address) Moberly 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 Jacksonville, Mo. DATE OF BURIAL Nov. 26, 1912

UNDERTAKER Martin Mahan ADDRESS Moberly, Mo.

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," "Clerk," etc., without more precise specification, as *Day Farm laborer*, *Laborer—Coal mine*, etc. Women engaged in the duties of the household (e. g., *Housekeepers* who receive a definite salary), *Housewife*, *Housework*, or *At home*, and fully employed, as *At school* or *At home*. Men to report specifically the occupations in domestic service for wages, as *Servant*, etc. If the occupation has been interrupted on account of the DISEASE CAUSING DEATH at beginning of illness. If relevant, that fact may be indicated thus: *Farmer (retired, 10 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.)