

MAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

Note—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.

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

PLACE OF DEATH
 County Ray Co Mo ✓
 Township _____
 or
 Village _____
 or
 City Richmond (NO. _____) St.: _____ Ward) _____
 Registration District No. 7th File No. 37011
 Primary Registration District No. 3035 Registered No. 101
 FULL NAME Alice McGoough (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Blond</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)
DATE OF BIRTH <u>Sep 30</u> , 18 <u>39</u> (Month) (Day) (Year)		
AGE <u>73</u> yrs. <u>1</u> mos. <u>15</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Richmond Mo</u>		
PARENTS	NAME OF FATHER <u>Reley MC Goough</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Illinois</u>	
	MAIDEN NAME OF MOTHER <u>Esther Brown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 1, 1912, to Nov 15, 1912, that I last saw him alive on Nov 15, 1912, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:
Angina pectoris
Heart
 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory Age
 (SECONDARY) (Duration) ___ yrs. ___ mos. 15 ds.
 (Signed) I. D. Greene M. D.
Nov 15 1912 (Address) Richmond 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 City Cemetery DATE OF BURIAL Nov 16, 1912
 UNDERTAKER Stimmittes Richmond Mo ADDRESS _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary Pugh
 (ADDRESS) Richmond Mo
 Filed Nov 15, 1912, by Geo W Hunt REGISTRAR
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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 RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH
 County Ray
 Township _____
 or
 Village _____
 or
 City Richmond (NO. _____ St.; _____ Ward)

Registration District No. 744 File No. _____
 Primary Registration District No. 3035 Registered No. 101

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

FULL NAME Alice McGough

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE B. SINGLE MARRIED WIDOWED OR DIVORCED 2nd
 (Write the word)
 DATE OF BIRTH Sept 30, 1839
 (Month) (Day) (Year)
 AGE 73 yrs. 1 mos. 15 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Richmond Mo
 NAME OF FATHER Riley McGough
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Terre Haute
 MAIDEN NAME OF MOTHER unk
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (informant) Mary Pugh
 (ADDRESS) Richmond Mo

Filed Feb 21 1923 Geo W Hunt REGISTRAR
Dr J J

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15, 1922
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Nov 15, 1922, to Nov 15, 1922, that I last saw her alive on Nov 15, 1922, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:
apoplexy
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory age
 (SECONDARY) (Duration) _____ yrs. _____ mos. 15 ds.
 (Signed) X L. V. G... M. D.
Nov 15, 1922 (Address) Richmond

*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 City Cem DATE OF BURIAL Nov 16, 1922
 UNDERTAKER Stimmetts Co ADDRESS Richmond

SUPPLEMENTARY

MARGIN RESERVED FOR BINDING
 WRITE PLAIN IN PLAIN TERMS.
 V. S. No. 2.

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 carbonic 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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