

N. B.—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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Butler</i>		Registration District No.	<i>91</i>	File No. <i>38503</i>
Township	<i>Blackriver</i>		Primary Registration District No.	<i>8725</i>	Registered No. <i>13</i>
Village	<i>Kennett</i>		City	(NO. _____) St. _____ Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <i>Dennis Martin</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	MARITAL STATUS	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Married</i>	<i>August 10<sup>th</sup> 1912</i>		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
_____ (Month) _____ (Day) _____ (Year)			<i>Aug. 10<sup>th</sup> 1912</i> , to <i>one week</i> , 1912,		
AGE	If LESS than 1 day, _____ hrs. or _____ min.?		that I last saw her alive on <i>August 10<sup>th</sup> 1912</i> ,		
<i>about 37</i> yrs. mos. ds.			and that death occurred, on the date stated above, at <i>5 P. M.</i>		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>Wife</i>			<i>Uremic Coma</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)			<i>34</i>		
BIRTHPLACE			<i>1326</i>		
(City or town, State or foreign country) <i>Ky 900</i>			(Duration) _____ yrs. _____ mos. <i>4</i> ds.		
PARENTS	NAME OF FATHER <i>John Teas</i>		Contributory <i>Material Febr.</i>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Ireland</i>		(SECONDARY) (Duration) _____ yrs. _____ mos. <i>3</i> ds.		
	MAIDEN NAME OF MOTHER <i>Mary Bishop</i>		(Signed) <i>W. H. Taylor</i> M. D.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Tenn</i>		<i>8/10 1912</i> (Address) <i>Poplar Bluff</i>		
*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) <i>J Teas</i>					
(ADDRESS) <i>1124 John Ave St Louis</i>					
Filed <i>Dec 26 1912</i> <i>Blackriver</i> REGISTRAR					
PLACE OF BURIAL OR REMOVAL <i>Marble Hill</i>			DATE OF BURIAL <i>Dec 11 1912</i>		
UNDERTAKER <i>Frank</i>			ADDRESS <i>P. B.</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.)



MARGIN RESERVED FOR BINDING

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

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PLACE OF DEATH

County Butler  
Township Black river  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

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

Registration District No. 91 File No. \_\_\_\_\_  
Primary Registration District No. 5735 Registered No. 13

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

FULL NAME Annie Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE married  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH Not given  
(Month) (Day) (Year)

AGE about 37 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Ky. Ireland

PARENTS NAME OF FATHER John Teas  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland  
MAIDEN NAME OF MOTHER Mary Bishop  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) F. Teas

(ADDRESS) 1126 John Ave.

Filed Dec 26 1912 J. Lee Naud REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 10, 1912, to one visit, that I last saw her alive on Aug. 10, 1912, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH\* was as follows: Uremic Coma  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. F. S. Taylor M. D. 8/10, 1912 (Address) Poplar Bluff

\*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 Marble Hill DATE OF BURIAL Aug. 11, 1912

UNDERTAKER Frank L & U. ADDRESS Poplar Bluff

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