

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

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.

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

PLACE OF DEATH
 County New Madrid
 Township Como
 or Village Como
 or City _____ (NO. _____ St.; _____ Ward)
 Registration District No. 605 File No. 40000
 Primary Registration District No. 5804 Registered No. _____
FULL NAME Ridney Lowe [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>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
DATE OF BIRTH <u>not known</u> (Month) _____ (Day) _____ (Year) _____		
AGE <u>about 30</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>Portageville Mo.</u>		
PARENTS	NAME OF FATHER <u>Joe Godian</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>France</u>	
	MAIDEN NAME OF MOTHER <u>Lou Phillips</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Portageville Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Fred Ripple</u> (ADDRESS) <u>Como, Mo.</u>		
Filed <u>Dec 6</u> 19 <u>22</u> <u>W. B. Blackman</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6, 1922
 (Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from July 16, 1922, to Dec. 4, 1922, that I last saw her alive on Dec. 4, 1922, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:
Tubercular lymphangitis
2 yrs.
2 1/2 (Duration) _____ yrs. 6 mos. _____ ds.

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

(Signed) Wm. H. Mallette M. D.
Dec 6, 1922 (Address) Parma, 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 <u>Clair Mo.</u>	DATE OF BURIAL <u>Dec 7</u> , 19 <u>22</u>
UNDERTAKER <u>Judith</u>	ADDRESS <u>Parma Mo.</u>

FROM

DATE BOARD

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthful and unhealthful pursuits can be known. The question should be asked of each and every person, irrespective of age. For each occupation use a single word or term on the first line, sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Fireman, etc.* But in many cases especially in irregular employments, it is necessary to know (a) the nature and also (b) the nature of the business or occupation; therefore an additional line is provided for each occupation; it should be used only when needed. (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Storekeeper, (a) Foreman, (b) Automobile factory.* The second line may form part of the second statement, e. g., "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (e. g., *Housekeepers who receive a definite salary, as Housewife, Housework, or At home, and helpfully employed, as At school or At home.* Men should be taken to report specifically the occupations engaged in domestic service for wages, as *Seaman, Servant, etc.* If the occupation has been taken up on account of the DISEASE CAUSING the occupation at beginning of illness. If re-employment, that fact may be indicated thus: (e. g., *6 yrs.*). For persons who have no occupation, write *None.*

Statement of cause of death.—Name, first, the primary affection with regard to DEATH (the primary affection with regard to causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"; *Bronchopneumonia* ("Pneumonia", is indefinite); *Tuberculosis of lungs, Pleurisy, Pleurisy, etc., Carcinoma, Sarcoma, etc.* of same origin; "Cancer" is less definite; avoid "Malignant" for malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease, interstitial nephritis, etc. The contributory or intercurrent affection need not be stated if not important. Example: *Measles* (disease causing death), *Bronchopneumonia* (secondary), *10 days* report mere symptoms or terminal conditions: "Asthenia," "Anaemia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debility," "Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc. If a definite disease can be ascertained as the cause, it should qualify all diseases resulting from child birth, e. g., *puerperal septicaemia, peritonitis,* etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state *ACCIDENTAL, SUICIDAL, or as probably such, if impossible to state definitely.* Examples: *Accidental drowning; Railway train—accident; Revolver wound of head; Poisoned by carbolic acid—probably suicide.* The cause of the injury, as fracture of skull, and consequent *sepsis, tetanus* may be stated under the heading "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

County