

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

PLACE OF DEATH
County Ste Genevieve
Township Jackson
or ~~Bloomdale~~
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 789 File No. 40405
Primary Registration District No. 6078 Registered No. 12

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

FULL NAME Mary Philomena Drury

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 15, 1954
(Month) (Day) (Year)

AGE 58 yrs. 6 mos. 29 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)

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

NAME OF FATHER John Carron

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ste Genevieve Co Mo

MAIDEN NAME OF MOTHER Mary Boyer

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ste Genevieve Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elliot Drury

(ADDRESS) Bloomdale Mo

Filed Dec 16, 1912 M. U. Jarvis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Aug 15, 1912, to Dec 15, 1912, that I last saw her alive on Dec 14th, 1912, and that death occurred, on the date stated above, at 12³⁰ m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goiter

66 B
106 B (Duration) 3 yrs. — mos. — ds.

Contributory Chronic Bronchitis
(SECONDARY) (Duration) — yrs. 5 mos. — ds.

(Signed) M. U. Jarvis M. D.
Dec 16, 1912 (Address) Bloomdale 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 Bloomdale Mo DATE OF BURIAL Dec 17, 1912

UNDERTAKER Joseph Brucke ADDRESS Bloomdale Mo

N. B.—Every item of information should be carefully supplied. Names should be stated EXACTLY. OCCASIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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*, *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," "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*, *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.)

WHILE FAINTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

State of Michigan, County of St. Genevieve, Township of Jackson, Village of Jackson, City of Jackson, Michigan. This is a permanent record of the death of the deceased, and the cause of death is classified. It may be divulged, classified, or otherwise used for any purpose without the consent of the Registrar.

PLACE OF DEATH

County St. Genevieve
Township Jackson
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. 782 File No. _____
Primary Registration District No. 6028 Registered No. 12

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

FULL NAME Mary Philomena Drury

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 16, 1854
(Month) (Day) (Year)

AGE 58 yrs. 6 mos. 29 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)

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

PARENTS
NAME OF FATHER John Carron
BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Genevieve, Mo.
MAIDEN NAME OF MOTHER Mary Boyer
BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Genevieve, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elliott Drury
(ADDRESS) Bloomdsale, Mo.

Filed Dec 16, 1912 N.W. Jarvis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 15, 1912, to Dec. 15, 1912, that I last saw her alive on Dec. 14, 1912 and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows: Exophthalmic Goitre

(Duration) 3 yrs. _____ mos. _____ ds.
Contributory Chronic Bronchitis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) N.W. Jarvis M. D.
Dec. 16, 1912 (Address) Bloomdsale

*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 Bloomdsale, Mo. DATE OF BURIAL Dec. 17, 1912
UNDERTAKER Joseph Pieschke ADDRESS Bloomdsale

Original file, date DEC 19 1912 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)

SCOUT