

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 Webster ✓
 County Webster
 Township _____ Registration District No. 897 File No. 41888
 or _____
 Village _____ Primary Registration District No. 4542 Registered No. 33
 or _____
 City Symour (NO. _____ St. _____ Ward _____)
 FULL NAME Martha Thomas (If death occurred in a hospital or institution, give its NAME instead of street and number) -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (*Write the word*) Married
 DATE OF BIRTH May 5, 1837
 (Month) (Day) (Year)
 AGE 75 yrs. 7 mos. 24 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work House Keeping
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 BIRTHPLACE (City or town, State or foreign country) Ky
 PARENTS
 NAME OF FATHER Joseph Thomas
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky
 MAIDEN NAME OF MOTHER Don't Know
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Dec 20, 1912, to Dec 29, 1912
 that I last saw her alive on Dec 24, 1912,
 and that death occurred, on the date stated above, at 1 a.m.
 The CAUSE OF DEATH* was as follows:
Pneumonia
 (Duration) _____ yrs. _____ mos. 10 ds.
 Contributory _____
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 Signed A. Britton M. D.
Dec 29, 1912 (Address) Symour
 *State the Disease Causing Death, or, in deaths from Violent Causes, (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 Symour cemetery DATE OF BURIAL Dec 30, 1912
 UNDERTAKER Dr. Mcmahon ADDRESS Symour Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. H. Thomas
 (ADDRESS) Symour Mo
 Filed Dec 29, 1912 A. Britton
 REGISTRAR

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.)



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

PLACE OF DEATH

County Webster

Township _____

or Village _____

or City Seymour (NO. _____)

Registration District No. 897

File No. _____

Primary Registration District No. 4043

Registered No. 33

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

FULL NAME

Martha Thomas

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec. 29, 1912
 (Month) (Day) (Year)

DATE OF BIRTH May 5, 1837
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 20, 1912 to Dec. 29, 1912, that I last saw her alive on Dec. 28, 1912, and that death occurred, on the date stated above, at 10 M.

AGE 70 yrs. 24 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

THE CAUSE OF DEATH* was as follows:
Tubercular Pneumonia
 (Duration) _____ yrs. _____ mos. 10 ds.

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

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

PARENTS NAME OF FATHER Joseph Thomas
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
 MAIDEN NAME OF MOTHER don't know
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. H. Britton M. D. Dec. 29, 1912 (Address) Seymour, Mo.
 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. H. Thomas
 (ADDRESS) Seymour, Mo.

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 _____

Filed Dec 29 1912 J. H. Britton REGISTRAR

PLACE OF BURIAL OR REMOVAL Seymour Cem. DATE OF BURIAL Dec. 30, 1912
 UNDERTAKER Jas. Menahan ADDRESS Seymour

FADING IN ...

BD

Information should be carefully supplied. AGE, SEX, RACE, and BIRTH date should be properly stated.

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 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.)

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