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 Adair

Township _____ or Village Brashear or City _____ (NO. _____ St. _____ Ward)

Registration District No. One

Primary Registration District No. 4001

File No. 1

Registered No. 2

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

FULL NAME Sarah J. Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR OR RACE: W

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

DATE OF BIRTH: Nov. (Month) 1 (Day), 1834 (Year)

AGE: 79 yrs. 2 mos. 14 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country): Ind.

PARENTS

NAME OF FATHER: Jas Wilson

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

MAIDEN NAME OF MOTHER: Rachel Davis

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Not Known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Carlson

(ADDRESS) Pleasant Hill, Mo.

Filed Jan 17, 1913. F. M. Barnes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) — 15 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from 1-6-, 1913, to 1-15-, 1913, that I last saw her alive on 1-12-, 1913, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion. Due to Malignant Ovarian Cyst

(Duration) 1 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. L. Callison M. D.

1-13-1913 (Address) Kirksville 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: Pleasant Hill, Mo.

DATE OF BURIAL: Jan 18, 1913

UNDERTAKER: F. R. Easley

ADDRESS: Brashear Mo.

Revised United ...tes Standard Certificate ... Death

[Approved by U. S. ...us and American Public Health ...ssociation]

Statement of occupation is very imp... fulness of various pu... applies to each and... For many occupa... line will be suffic... *Compositor, Archi... Stationary fireman* ... industrial employ... kind of work and... industry, and ther... the latter stateme... As examples: (a) ... (b) *Grocery;* (a) ... material worked o... ment. Never retu... "Dealer," etc., wit... *laborer, Farm labo*... at home, who are ... only (not paid *Hou*... may be entered as ... children, not gainfu... Care should be take... of persons engaged i... *ant, Cook, Housema*... changed or given up ... DEATH, state occupa... tired from business, ... *Farmer (retired, 6 yrs*... pation whatever, wr...

Statement of c... DISEASE CAUSING DE... spect to time and ... accepted term for th... *brospinal fever* (the o... cerebrospinal mening... "Croup"); *Typhoid f*... monia"); *Lobar pneu*... monia," unqualified, ... *meninges, peritonaeum* ... . (name o...

...ion.—Precise statement of oc-
...int, so that the relative health-
...uits can be known. The ques-
...d every person, irrespective of
...ions a single word or term on
...cient, e. g., *Farmer* or *Planter,*
Architect, Locomotive engineer,
...*ry fireman,* etc. But in many

DISEASE CAUSING DEATH, state oc-
... of illness. If retired from busi-
...be indicated thus: *Farmer (re-*
... persons who have no occupation

...se of death.—Name, first, the
...H (the primary affection with re-
...usation), using always the same
...e same disease. Examples: *Cere-*
...nly definite synonym is "Epidemic
...itis"); *Diphtheria* (avoid use of
fever (never report "Typhoid
pneumonia; Bronchopneumonia
...alified, is indefinite); *Tuberculosis*
peritonaeum, etc., *Carcinoma, Sar-*

coma, etc., of .... (nam...
less definite; avoid use of "...
neoplasms); *Measles; Whooping*...
lar heart disease; Chronic interst...
contributory (secondary or inter...
not be stated unless important. E...
ease causing death), *29 ds.; Br*...
ondary), *10 ds.* Never report n...

ment of cause of death approve...
Nomenclature of the American ...

HUGH STEPHENS, JEFFERSON C...