

in should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state in 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 Cedar ✓
Township Jefferson Registration District No. 165 File No. 580
Village _____ Primary Registration District No. 5730 Registered No. 4
City _____ (NO. _____ St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mary P Beaty

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
DATE OF BIRTH <u>Nov 30 1836</u> (Month) (Day) (Year)		
AGE <u>76</u> yrs. <u>1</u> mos. <u>17</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Don't know</u>		
PARENTS	NAME OF FATHER <u>Robt Walker</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Illinois</u>	
	MAIDEN NAME OF MOTHER <u>Basel</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 9 1913, to June 16 1913, that I last saw her alive on June 16 1913, and that death occurred, on the date stated above, at 12:50 m.

THE CAUSE OF DEATH* was as follows:
11A
1979 Pneumonia ✓
(Duration) _____ yrs. _____ mos. 8 ds.
Contributory Ragging
(SECONDARY) (Duration) _____ yrs. _____ mos. 10 ds.
(Signed) Dr. J. H. Williams M. D.
June 18 1913 Address: Humanville 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 40 yrs. _____ mos. _____ ds. In the State 60 yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence Sumner

PLACE OF BURIAL OR REMOVAL <u>Linke Cemetery</u>	DATE OF BURIAL <u>June 18 1913</u>
UNDERTAKER <u>Ed Joseph Humanville</u>	ADDRESS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. W. Beaty, Humanville Mo
(ADDRESS) Humanville Mo
Filed 1/18 1913 E. Smith 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*, *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*, *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.)



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

N. B.—Every item of information should be carefully checked. AGES should be stated EXACTLY. PHYSICIAN'S should be stated EXACTLY. OCCUPATION should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Cedar
Township or Village of Jefferson
City (NO. _____) (St. _____ Ward _____)

Registration District No. 165 File No. _____
Primary Registration District No. 5230 Registered No. 1

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

FULL NAME Mary P. Beaty

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)
DATE OF BIRTH Nov. 30, 1886
(Month) (Day) (Year)
AGE 76 yrs. 1 mo. 17 ds. If LESS than 1 day, hrs. or min.?

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17, 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan. 9, 1913, to Jan. 16, 1913, that I last saw her alive on Jan. 16, 1913, and that death occurred, on the date stated above, at 150 ft.

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

CAUSE OF DEATH* was as follows:
~~Heart Disease~~
Broncho Pneumonia

BIRTHPLACE (City or town, State or foreign country) Don't know

(Duration) yrs. mos. ds. 6 ds.

NAME OF FATHER Robt. Walker

Contributory La Grippe
(SECONDARY) (Duration) yrs. mos. ds.

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

(Signed) Jan. 18, 1913 (Address) Humansville M. D.

MAIDEN NAME OF MOTHER Edna Curl

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Informant) R. W. Beaty

Where was disease contracted? If not at place of death?

(ADDRESS) Humansville

Former or usual residence

Filed Mar 9, 1913 E. Smith REGISTRAR

PLACE OF BURIAL OR REMOVAL Linker Cemetery DATE OF BURIAL Jan. 18, 1913

UNDERTAKER J. A. Joseph ADDRESS Humansville

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 "Asthma," "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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