

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 Ralls Co
Township Saltimer Registration District No. 727 File No. 2395
or Hutchinson Primary Registration District No. 5959 Registered No. 3
City _____ (No. _____ St. _____ Ward _____)

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

FULL NAME Mrs Martha Boyd

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	DATE OF DEATH <u>Jan 5, 1913</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept - 30, 1859</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec 21, 1912</u> , to <u>Jan 5, 1913</u> , that I last saw her alive on <u>Jan 4, 1913</u> , and that death occurred, on the date stated above, at <u>3:20 a.m.</u>	
AGE <u>63 yrs. 3 mos. 4 ds.</u>			The CAUSE OF DEATH* was as follows: <u>Exposure of Gall Bladder</u> <u>126</u> <u>127A</u>	
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) <u>(None)</u>			Duration) <u>2</u> yrs. <u>2</u> mos. <u>4</u> ds. Contributory <u>Gall Stone</u> (Secondary) Duration) <u>16</u> yrs. <u>0</u> mos. <u>0</u> ds. (Signed) <u>W. K. McCall</u> M. D. <u>Jan 5, 1913</u> (Address) <u>Ladonia Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Pa</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Isaac Monday</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>10</u> yrs. <u>0</u> mos. <u>0</u> ds. In the <u>37</u> yrs. <u>0</u> mos. <u>0</u> ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Pa</u>		Where was disease contracted if not at place of death? <u>Ralls Co Mo</u>	
	MAIDEN NAME OF MOTHER <u>Martha Monday</u>		Former or usual residence <u>Mo</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pa</u>		PLACE OF BURIAL OR REMOVAL <u>Hutchinson Mo</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>O. R. Boyd</u> (ADDRESS) <u>Perry Mo</u>			DATE OF BURIAL <u>Jan 6, 1913</u>	
Filed <u>1/13</u> , 1913. <u>C. H. Mansfield</u> REGISTRAR			ADDRESS <u>Geo. C. Rouse Perry Mo</u>	

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 septichaemia," "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.

Some information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

PLACE OF DEATH

County Halls
Township Salt-river
Village _____
City _____ (NO. _____ St.; _____ Ward)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 727 File No. _____
Primary Registration District No. 5959 Registered No. 3

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

FULL NAME Mrs. Martha Boyd

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept. 30, 1849
(Month) (Day) (Year)

AGE 63 yrs. 3 mos. 4 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

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

PARENTS NAME OF FATHER Isaac Monday BIRTHPLACE OF FATHER Va.
MAIDEN NAME OF MOTHER Martha Monday BIRTHPLACE OF MOTHER Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. R. Boyd
(ADDRESS) Perry, Mo.

Filed 1/15 1913 C. W. Menefee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 21, 1912 to Jan. 5, 1913
that I last saw her alive on Jan. 4, 1913
and that death occurred, on the date stated above, at 330a m.,

the CAUSE OF DEATH* was as follows:
Perforation of Gall Bladder

(Duration) _____ yrs. 2 mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. K. McCall M. D.
Jan. 5, 1913 (Address) Ladsonia

*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 Hutcherson Mo. DATE OF BURIAL Jan. 6, 1913
UNDERTAKER Geo. C. Rosell ADDRESS Perry, Mo.

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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