

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 Andrew
Township Lin or Village _____ or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 27 File No. 3 4128
Primary Registration District No. 5031 Registered No. 3

FULL NAME Frank Shoup

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)
DATE OF BIRTH May 2, 1875
(Month) (Day) (Year)
AGE 38 yrs. x mos. 0 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) x 9-0
BIRTHPLACE (City or town, State or foreign country) Mo
NAME OF FATHER Chas Girus
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
MAIDEN NAME OF MOTHER Mary Campbell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

DATE OF DEATH Feb 13, 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Nov 16, 1912, to Feb 13, 1913, that I last saw her alive on Feb 13, 1913, and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH* was as follows:
Valvular heart lesion
Duration) yrs. mos. ds.
Contributory Heart lesion
(SECONDARY) (Duration) yrs. mos. ds.
Signed) H E Corbett M. D.
2-28, 1913 (Address) Wash Hill

*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 38 yrs. x mos. x ds. In the 38 yrs. 1 mos. x ds.
Where was disease contracted If not at place of death? at place of death
Former or usual residence usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mark Girus
(ADDRESS) Benton City, Mo
Filed Feb 28, 1913 H E Corbett
REGISTRAR

PLACE OF BURIAL OR REMOVAL Mexico Mo DATE OF BURIAL X 19X
UNDERTAKER H Roberts ADDRESS Mexico, Mo

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, 5 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.)

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

PLACE OF DEATH

County Audrain
 Township Lwin
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 27 File No. 2
 Primary Registration District No. 5035 Registered No. 3

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

FULL NAME Fannie Shoup

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>May 2, 1875</u> (Month) (Day) (Year)		
AGE <u>38</u> yrs. _____ mos. _____ ds.		if LESS than 1 day, _____ hrs. or _____ min.?
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)		
BIRTHPLACE (City or town, State or foreign country) <u>mo</u>		
PARENTS	NAME OF FATHER <u>Chas G. Guss</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>mo</u>	
	MAIDEN NAME OF MOTHER <u>Mary Campbell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 16, 1913, to Feb 13, 1913, that I last saw her alive on Feb 13, 1913, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Lesion

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory Don't know
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. E. Cozette M. D.
2-28, 1913 (Address) Rush Hill

*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 38 yrs. X mos. X ds. In the 38 yrs. _____ mos. _____ ds. of death
 Where was disease contracted if not at place of death? at Place of Death
 Former or usual residence usual Residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mark Givins

(ADDRESS) Benton City Mo.

Filed Feb 20, 1913 W. E. Cozette REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Mexico Mo</u>	DATE OF BURIAL _____, 191____
UNDERTAKER <u>J. Roberts</u>	ADDRESS <u>Mexico Mo</u>

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.

SUPPLEMENTARY

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.)

