

WHILE PAINFUL, WILL UNFEELING INK—THIS IS 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 Cape Girardeau
 Township Cape Girardeau Registration District No. 125 File No. 4505
 or Village Smellsville Primary Registration District No. 5178 Registered No. 404
 or City Cape Girardeau (NO. _____) St.: _____ Ward: _____
 FULL NAME Francis Briggsen

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	MARRIED <u>Married</u>
DATE OF BIRTH <u>July 19, 1846</u> (Month) (Day) (Year)		WIDOWED OR DIVORCED (Write the word)
AGE <u>67 yrs. 7 mos. ds.</u>		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>G-O</u>		
BIRTHPLACE (City or town, State or foreign country) <u>France</u>		
PARENTS	NAME OF FATHER <u>Frank Leadure</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>France</u>	
	MAIDEN NAME OF MOTHER <u>Margaret</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>France</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 14, 1913, to Feb 19, 1913, that I last saw her alive on Feb 18, 1913, and that death occurred, on the date stated above, at 7³⁰ am.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
108
92
 (Duration) 7 yrs. 7 mos. — ds.

Contributory (SECONDARY) _____
 (Signed) R. P. Ottom M. D.
Feb 19, 1913 (Address) Cape Girardeau 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William Briggsen
 (ADDRESS) Cape Girardeau Mo
 Filled 2/19 1913 E. D. Chaffey REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Old Catholic Cem</u>	DATE OF BURIAL <u>Feb 20, 1913</u>
UNDERTAKER <u>E. P. Thomas</u>	ADDRESS <u>Cape Girardeau</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, 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, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; Chronic valvular heart disease; Ch 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. I report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" (genital," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus of age," "Shock," "Uraemia," "Weakness," etc., if definite disease can be ascertained as the cause. Qualify all diseases resulting from childbirth (e. g., carriage, 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 SELF-SUICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Shot by railway train—accident; Revolver wound of head—suicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequence (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.)

STATE BOARD OF HEALTH

Bureau of Vital Statistics

TERRESON CITY MISSOURI