

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Randolph
Township _____
or
Village _____
or
City Huntsville (NO. _____ St. _____ Ward _____)

Registration District No. 733 File No. 6501
Primary Registration District No. 4438 Registered No. 14

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

FULL NAME Cynthia A. Sears

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Oric'und.
(Write the word)

DATE OF BIRTH Aug. 13, 1833
(Month) (Day) (Year)

AGE 79 yrs. 6 mos. 12 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Clark Co. Ky.

PARENTS
NAME OF FATHER John Alvers
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Cynthia A. Lawrence
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Madison L. Sears

(ADDRESS) Kansas City Mo

Filed July 26th 1913 G. H. Bragg REGISTRAR

7 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 1st, 1913, to Feb 25th, 1913, that I last saw her alive on Feb 24, 1913, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) Old Age

(Signed) D. A. Bragg M. D. Feb 26, 1913 (Address) Huntsville 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 Huntsville DATE OF BURIAL July 26th 1913

UNDERTAKER Andrew Minor ADDRESS Huntsville

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 healthness 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 first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Mill 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) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material mentioned on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Salesman," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Men 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*, *Housewife*, 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 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 at death, 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" less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic renal heart disease*; *Chronic interstitial nephritis*, etc. contributory (secondary or intercurrent) affection should not be stated unless important. Example: *Measles causing death*, 29 ds.; *Bronchopneumonia (secondary)*, 10 ds. Never report mere symptoms or minimal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage: "PUERPERAL septicaemia," "PUERPERAL peritonitis"; State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by rail 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 head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



FROM STATE BOARD OF HEALTH

V. S. FORM XXX

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