

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 St. Francois  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Farmington (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 773 File No. 6620  
Primary Registration District No. 4464 Registered No. 216

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

FULL NAME Myrtle Amanda Boxton

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>June</u> (Month) <u>1</u> (Day) <u>1887</u> (Year)		
AGE <u>25</u> yrs. <u>1</u> mos. <u>18</u> 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) <u>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>St. Louis</u>		
PARENTS	NAME OF FATHER <u>C. N. Burgess</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St. Francis, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Lucy A. McClintock</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Lawrence, Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18<sup>th</sup> 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 21, 1913, to Feb. 18, 1913, that I last saw her alive on Feb. 18, 1913, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
23A

Contributory (SECONDARY)  
Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) B. J. Robinson M. D.  
(Address) Farmington Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state 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 \_\_\_\_\_  
or not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL, \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
McClintock Burial Feb 19 1913

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Johnson & Sons Farmington

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Rebecca Fleming  
(ADDRESS) Farmington Mo.  
Filed Feb 19<sup>th</sup> 1913 B. R. Downing  
REGISTRAR  
N. D.

# 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.)



## PLACE OF DEATH

St Francois

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

County

Township

Registration District No.

File No.

or  
Village

Primary Registration District No.

Registered No.

or  
City

Farmingington (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

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

FULL NAME

Merkie Caldwell Nixon

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

F

COLOR OR RACE

white

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

wid

DATE OF DEATH

Feb 22

1913  
(Month) (Day) (Year)

DATE OF BIRTH

Jan 21, 1838  
(Month) (Day) (Year)

AGE

75 yrs. 1 mos. 1 ds.

IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

I HEREBY CERTIFY, that I attended deceased from

Jan 27, 1913, to Feb 22, 1913,

that I last saw him alive on Feb 17, 1913,

and that death occurred, on the date stated above, at 3<sup>30</sup> p. m.

The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage  
Caused by Apoplexy

OCCUPATION

(a) Trade, profession, or  
particular kind of work

retired

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

BIRTHPLACE

(City or town,  
State or foreign country)

Farmingington Mo.

NAME OF  
FATHER

Edwin C. Sebastian

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

Mo.

MAIDEN NAME  
OF MOTHER

Bertha Pettit

BIRTHPLACE  
OF MOTHER  
(City or town, State or foreign country)

Mo.

Contributory

(Duration) 1 yr. 4 mos. ds.

Hardening of blood vessels

(SECONDARY)

(Duration) 1 yr. 4 mos. ds.

(Signed)

E. B. McClure M. D.

May 29, 1913

(Address) Farmington 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)

Mrs J. D. Dillard

(ADDRESS)

Farmingington Mo.

PLACE OF BURIAL OR REMOVAL

R. P. Beer

DATE OF BURIAL

2-22, 1913

UNDERTAKER

Johnson &amp; Sons

ADDRESS

Farmingington

Filed

May 29, 1913

REGISTRAR

Original file, date \_\_\_\_\_, 19\_\_\_\_

All information called for must be written on this Supplementary Certificate.

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

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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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