

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

PLACE OF DEATH

County Sullivan
Township Penm
or
Village _____
or
City _____ (NO. _____) St. _____ Ward _____

Registration District No. 849 File No. 7887
Primary Registration District No. 6114B Registered No. _____

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

FULL NAME Mary Helen Watt

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Dec 16 1912
(Month) (Day) (Year)

AGE 2 yrs. 9 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) O - O

BIRTHPLACE Sullivan Co Mo
(City or town, State or foreign country) Penm Twp

NAME OF FATHER Wm M Watt

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

MAIDEN NAME OF MOTHER Jeda Jane Hictet

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R.S. Magee

(ADDRESS) Green City, Mo

Filed Feb 28 1913 W. G. Green
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 29, 1913, to Feb 28, 1913, that I last saw her alive on Feb 28, 1913, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Hydrocephalous
157A

(Duration) 1 yrs. 0 mos. 0 ds.

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

(Signed) R.S. Magee M. D.
Feb 25 1913 (Address) Green City

*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 2 yrs. 9 mos. 9 ds. In the State 2 yrs. 9 mos. 9 ds.
Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Hawkeye Cemetery DATE OF BURIAL Feb 26 1913

UNDERTAKER Boehring & Kent ADDRESS Green City Mo

N. E. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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*, *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.)



WRITE PLAINLY, WITH UNFADJ IN NK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated in years, months, days. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF BIRTH

County Sullivan
 Township Beem
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 749 File No. _____
 Primary Registration District No. 6114B Registered No. _____

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

FULL NAME Mary Helen Watt

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word) |
| DATE OF BIRTH <u>Dec 16</u> 191 <u>2</u> (Month) (Day) (Year) | | |
| AGE <u>2</u> yrs. <u>19</u> mos. <u>19</u> ds. | | IF LESS than 1 day, ___ hrs or ___ min. |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>none</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>Wm M Watt</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u> | |
| | MAIDEN NAME OF MOTHER <u>Ida Jane Kidd</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u> | |

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Feb 29, 1913, to Feb 23, 1913
 that I last saw her alive on Feb 23, 1913
 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:
Hydrocephalous
congested

(Duration) yrs. 2 mos. 19 ds.

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

(Signed) R. S. Magee M. D.
 _____ 1913 (Address) Green City 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) R. S. Magee
 (ADDRESS) Green City Mo

| | |
|---|--|
| PLACE OF BURIAL OR REMOVAL <u>Hawk Eye Cem</u> | DATE OF BURIAL <u>2-26</u> 191 <u>3</u> |
| UNDERTAKER <u>Boehringer & Sons</u> | ADDRESS <u>Green City Mo</u> |

Filed Feb 28 1913 W. B. Gibson
 REGISTRAR

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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