

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Grundy County</i>		Registration District No.	<i>327</i>	
Township	<i>Liberty Twp.</i>		File No.	<i>8910</i>	
or	<i>Galt mo</i>		Primary Registration District No.	<i>4194</i>	
Village			Registered No.	<i>21</i>	
or			City	(NO. _____) St. _____ Ward _____	[If death occurred in a hospital or institution, give its NAME instead of street and number]
FULL NAME <i>Lucinda Brassfield</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Married</i> <i>Widow</i>	<i>March</i> <i>25</i> , 191 <i>3</i>		
DATE OF BIRTH			(Month) (Day) (Year)		
<i>March</i> <i>25</i> , 191 <i>3</i>					
AGE			IF LESS than		
<i>94</i> yrs. mos. ds.			1 day, ___ hrs. or ___ min.?		
OCCUPATION			I HEREBY CERTIFY, that I attended deceased from		
(a) Trade, profession, or particular kind of work <i>House wife</i>			<i>for many years occasionally</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>9-0</i>			<i>1913, to up to March 19, 1913,</i>		
BIRTHPLACE (City or town, State or foreign country) <i>Tennessee Clayborne Co</i>			that I last saw her alive on <i>March 19</i> , 191 <i>3</i> ,		
NAME OF FATHER <i>No record</i>			and that death occurred, on the date stated above, at <i>6 A.M.</i>		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Tennessee Clayborne Co</i>			The CAUSE OF DEATH* was as follows:		
MAIDEN NAME OF MOTHER <i>Mary Stubb Brassfield</i>			<i>Senility uremia</i>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>don't know</i>			<i>132P</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			<i>16 1/2</i> (Duration) yrs. mos. ds.		
(Informant) <i>R. C. Brassfield</i>			Contributory <i>Senility</i>		
(ADDRESS) _____			(SECONDARY) (Duration) yrs. mos. ds.		
Filed <i>Mar 27</i> , 191 <i>3</i> , <i>W. E. Thompson</i> REGISTRAR			(Signed) <i>D. K. Stinger</i> M. D.		
			191 <i>3</i> (Address) <i>Galt mo.</i>		
			*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? <i>X X</i>		
			Former or usual residence <i>Galt mo</i>		
			PLACE OF BURIAL OR REMOVAL <i>Galt mo</i>		DATE OF BURIAL <i>27 March</i> , 191 <i>3</i>
			UNDERTAKER <i>P. K. Payne</i>		ADDRESS <i>Galt mo</i>

# 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*, *peritonaeum*, 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 *septichaemia*," "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.)



RESERVED FOR RECORDING

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

PLACE OF DEATH  
County Grundy Co.  
Township Galt, Mo.  
Village Galt, Mo.  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 927 File No. \_\_\_\_\_  
Primary Registration District No. 494 Registered No. 21

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

FULL NAME Lucinda Brassfield

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH March 25, 1913  
(Month) (Day) (Year)

AGE 94 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE Germ  
(City or town, State or foreign country)

PARENTS  
NAME OF FATHER no record  
BIRTHPLACE OF FATHER (City or town, State or foreign country) \_\_\_\_\_  
MAIDEN NAME OF MOTHER Corry Stultz  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Clayton, C. Tenn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/25, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from frank years occasionally, 1913, to Mar 29, 1913, when I last saw her alive on Mar 29, 1913, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:  
Uremia Poison

Contributory Senility  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) D. K. Stanger M. D.  
\_\_\_\_\_ 1913 (Address) Galt 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 REGENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death \_\_\_\_\_  
Former or usual residence Galt, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. C. Brassfield  
(ADDRESS) Galt, Mo.

Filed Mar 27, 1913 at 16 E. Bowser St  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Galt, Mo. DATE OF BURIAL 3/27, 1913

UNDERTAKER G. K. Payne ADDRESS Galt Mo.

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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 septicæmia," "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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