

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>Reynolds</i> ✓		Registration District No.	<i>1127</i>	
Township	<i>Hollands</i>		Primary Registration District No.	<i>6281</i>	
or Village			File No.	<i>10205</i>	
or City			Registered No.	<i>20</i>	
FULL NAME			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
<i>Ethel Owen Mosely</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>Mar 28, 1913</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>Feb 25, 1874</i> (Month) (Day) (Year)			<i>Mar 18</i> —, 1913, to <i>Mar 28</i> , 1913,		
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?	that I last saw her alive on <i>Mar 27</i> , 1913,		
<i>39</i> yrs. <i>31</i> ds.			and that death occurred, on the date stated above, at <i>8:00</i> m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work	<i>House Keeping</i>		<i>Ectenitis</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)			<i>and Hepatitis</i>		
BIRTHPLACE			<i>17 1/2 13</i>		
(City or town, State or foreign country)	<i>Obion Co. Tenn</i>		<i>17 1/2 13</i> (Duration) yrs. mos. ds.		
PARENTS	NAME OF FATHER			Contributory	
	<i>J. B. Morris</i>			(SECONDARY)	
	BIRTHPLACE OF FATHER			(Duration) yrs. mos. ds.	
	(City or town, State or foreign country)	<i>Tenn</i>			
MAIDEN NAME OF MOTHER			(Signed) <i>J. T. Cooper</i> M. D.		
<i>Polley</i>			<i>3/31, 1913</i> (Address) <i>Cooler Ave</i>		
BIRTHPLACE OF MOTHER			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(City or town, State or foreign country)	<i>Tenn</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
(Informant)	<i>Ethel Mosely</i>		Where was disease contracted If not at place of death?		
(ADDRESS)	<i>Hollands Ave</i>		Former or usual residence		
Filed	<i>Mar 31, 1913</i>		PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
	<i>J. E. Ruman</i>		<i>Cooler Ave</i>		<i>Mar 30, 1913</i>
	REGISTRAR		UNDERTAKER		ADDRESS
			<i>J. T. Cash</i>		<i>Hollands Ave</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, 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.)



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

PLACE OF DEATH Tennessee
 County Holland Registrars shall not receive a fee for certificates until they are completed as prescribed by law.
 Township Holland Registration District No. 1127 File No. 25-1
 or
 Village _____ Primary Registration District No. 6281 Registered No. 25
 or
 City _____ No. _____ St. _____ Ward _____
 FULL NAME Ethel Ann Moseby [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 OF RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>Feb. 25, 1874</u> (Month) (Day) (Year)		
AGE <u>39 yrs. — mos. 31 ds.</u>		IF LESS than 1 day, ___ hrs or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Chion, Tenn</u>		
PARENTS	NAME OF FATHER <u>J. B. Morris</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>	
	MAIDEN NAME OF MOTHER <u>Annanda Boley</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
March 28, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 3/18, 1913, to 3/18, 1913, that I last saw her alive on March 27, 1913, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:
Enteritis & Hepatitis

(Duration) _____ yrs. _____ mos. 13 ds.

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

(Signed) T. S. Cooper M. D.
3/31, 1913 (Address) Cooler 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.

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) A. S. Moseby X
 (ADDRESS) Holland Mo
 Filed 3/31 1913 A. S. Moseby REGISTRAR
 MAR 31 1913

PLACE OF BURIAL OR REMOVAL <u>Cooler Mo</u>	DATE OF BURIAL <u>Mar 30, 1913</u>
UNDERTAKER <u>S. T. Ash</u>	ADDRESS <u>Holland Mo</u>

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.)