

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

PLACE OF DEATH
County St. Francois
Township
or Village
or City Farmington, Mo.

Registration District No. 773 File No. 10501
Primary Registration District No. 4464 Registered No. 221
St.: _____ Ward: _____

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

FULL NAME Martha Dodd

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Don't know
(Month) (Day) (Year)

AGE 47 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) Housework

BIRTHPLACE (City or town, State or foreign country) Don't know

NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Record, State Hosp #4
(ADDRESS) Farmington, Mo.

Filed March 8, 1913 B. R. Downing
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 1st, 1911, to March 7th, 1913, that I last saw her alive on March 7th, 1913, and that death occurred, on the date stated above, at 11:27 p.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonalis

8 1/2 (Duration) Don't know ds.

Contributory (Secondary) Caries
(Duration) Don't know ds.

(Signed) W. O. Suttan M. D.
March 6, 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 2 yrs. 1 mos. 4 ds. In the State Don't know yrs. Don't know mos. Don't know ds.

Where was disease contracted if not at place of death? Don't know
Former or usual residence Holcomb Mo.

PLACE OF BURIAL OR REMOVAL Hospital #4 DATE OF BURIAL March 11, 1913

UNDEERTAKER Callahan ADDRESS Farmington Mo.

State and 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 arises for each and every person, irrespective of age and sex, in various occupations a single word or term on the first line should be sufficient, e. g., *Farmer or Planter, Physician, or, Architect, Locomotive engineer, Civil engineer, Fireman, or fireman*, etc. But in many cases especially in factory employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or occupation, and therefore an additional line is provided for the purpose of statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement, as *Laborer*, "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household should be stated as *Housekeepers* who receive a definite salary), or *Housewife, Housework, or At home*, and those not gainfully employed, as *At school* or *At home*. Men should be taken to report specifically the occupations in which they are engaged in domestic service for wages, as *Server, Housemaid*, etc. If the occupation has been changed since given up on account of the DISEASE CAUSING DEATH, state the occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Retired, 6 yrs.*) For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebral meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"; *Bronchopneumonia* ("Pneumonia," is indefinite); *Tuberculosis of lungs, Peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid "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.)

