

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 ~~11844~~ **11944**

PLACE OF DEATH  
County Vernon  
Township Virgil  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 873  
Primary Registration District No. 6135  
File No. 11944  
Registered No. 5

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

FULL NAME Suzanna M. Vickers.

PERSONAL AND STATISTICAL PARTICULARS			2 MEDICAL CERTIFICATE OF DEATH	
SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>	DATE OF DEATH <u>Mar 26</u> , 191 <u>3</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb 20</u> , 18 <u>87</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Mar 2</u> , 191 <u>3</u> , to <u>Mar 26</u> , 191 <u>3</u> , that I last saw her alive on <u>Mar 2</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>2:25</u> p.m. The CAUSE OF DEATH* was as follows: <u>Dropsy of the heart</u> <u>92AD</u> <u>90B</u> (Duration) _____ yrs. <u>6</u> mos. _____ ds.	
AGE <u>36</u> yrs. <u>1</u> mos. <u>5</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>G.O.</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>W. A. Moore</u> M. D. <u>Mar 26</u> , 191 <u>3</u> (Address) <u>Montevallo, Mo.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>				
PARENTS	NAME OF FATHER <u>Joseph Smith</u>		*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 _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>unknown</u>			
	MAIDEN NAME OF MOTHER <u>unknown</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. A. Mc. Vickers.</u> (ADDRESS) <u>Montevallo, Mo.</u>				
Filed <u>Mar 26</u> , 191 <u>3</u> , <u>W. A. Moore</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Virgil Cemetery</u> DATE OF BURIAL <u>Mar 27</u> , 191 <u>3</u> UNDERTAKER <u>Siders &amp; Stephens Eldredge</u> ADDRESS <u>Mo.</u>	

# 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.)



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

PLACE OF DEATH  
 County Vernon  
 Township Virgil  
 Village \_\_\_\_\_  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 873 File No. 5  
 Primary Registration District No. 6158 Registered No. 5

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

FULL NAME Dusanna M. Vickers

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed  
(Write the word)

DATE OF BIRTH February 20, 1837  
(Month) (Day) (Year)

AGE 86 yrs. 1 mos. 6 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  
 (City or town, State or foreign country) Indiana

PARENTS  
 NAME OF FATHER Joseph Smith  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
 MAIDEN NAME OF MOTHER Unknown  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) W. A. McVickers  
 (ADDRESS) Monteville, Mo.

Filed Mar 26 1913 W. A. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 2, 1913, to March 26, 1913, that I last saw her alive on Mar. 2, 1913, and that death occurred, on the date stated above, at 2:35 a.m.

The CAUSE OF DEATH\* was as follows:  
Stroke of the heart  
mitral regurgitation  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) W. A. Moore M. D.  
Mar 26, 1913 (Address) Monteville, 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Virgil Cemetery DATE OF BURIAL Mar 27, 1913  
 UNDERTAKER Sidney Stephens ADDRESS Oldorado, Mo.

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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

[Approved by U. S. Census and American Public Health  
Association]

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h/hell