

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 12554

PLACE OF DEATH
County Clifton
Township Shoal
or
Village
or
City

Registration District No. 204 File No. 19150
Primary Registration District No. 5982 Registered No. # 21

St.: _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Euphemia Craft

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widow</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>December 21, 1831</u> (Month) (Day) (Year)		
AGE <u>81 yrs. 3 mos. 18 ds.</u>		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>None</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>		
NAME OF FATHER <u>Samuel Beckwith</u>		
BIRTHPLACE OF FATHER <u>Scotland</u>		
MAIDEN NAME OF MOTHER <u>Eliza Bridley</u>		
BIRTHPLACE OF MOTHER <u>Orange, England</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Oscar O. Seel</u> (ADDRESS) <u>Cameron Mo</u>		
Filed <u>Apr 8</u> 191 <u>3</u> <u>E. E. Shaw</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1911, to April 8, 1913, that I last saw her alive on Mar. 28, 1913, and that death occurred, on the date stated above, at 5:30 A.M. The CAUSE OF DEATH* was as follows:
Arterio Sclerosis

(Duration) 5 yrs. ___ mos. ___ ds.

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

(Signed) M. S. Peters M. D.
April 8 1913 (Address) Cameron 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 <u>Wenona Ill.</u>	DATE OF BURIAL <u>Apr. 10</u> 191 <u>3</u>
UNDERTAKER <u>J. W. Polard</u>	ADDRESS <u>Cameron.</u>

copy of # 2974

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*, *Sarcoma*, etc. of (name of organ; "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.)

APR 24 1944

U 621269

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Clinton } ss.

State File No. 12554

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 20th day of April, 1944, before me appears
Mrs. C. M. Mc Connell (Mayne) who, upon her oath, states that the original record of ^{birth} death
for Euphemia Croft ^{died} April 8, 1913, in the State of
Missouri, and which was filed at Jefferson City on 4/8, 1913 should be corrected as follows:

Item No. 14 should read Lydia Gridley-born mar. 12, 1793, Oran N.Y.

Instead of Eliza Gridley, born in England

Item No. _____ should read Euphemia Croft

Instead of Euphemeia Croft

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. C. M. Mc Connell Grd. Daugh Relationship te
(Mayne) Grand-daughter
Leopold Present Address Indianw.

Subscribed and sworn to before me this 20th day of April, 1944.

My Commission expires Apr 23 - 1944 John H. Reese Notary Public.

