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

PLACE OF DEATH

County: Jasper

Township / or Village / or City: Webb City (No. 819 W 12th St.; Ward)

Registration District No.: 414 — File No.: 13501

Primary Registration District No.: 30 21 — Registered No.: 81

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

FULL NAME Mrs Mary M Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR OR RACE: White — SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

DATE OF BIRTH: April 7 (Month) (Day), 1847 (Year)

AGE: 71 yrs. 0 mos. 2 ds. — If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): G. L. O.

BIRTHPLACE (City or town, State or foreign country): Indiana

PARENTS
NAME OF FATHER: Burlett Powell
BIRTHPLACE OF FATHER (City or town, State or foreign country): Virginia
MAIDEN NAME OF MOTHER: Margaret McCarr
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. L. Halliburton

(ADDRESS) Carthage Mo.

Filed Apr 14, 1913. C. H. Bund, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10 (Month) (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from 3/14, 1913, to 4/9, 1913, that I last saw her alive on 4/9, 1913, and that death occurred, on the date stated above, at 7 15 a.m.

The CAUSE OF DEATH* was as follows:

Senile cardiac insufficiency

PKB

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

Contributory (Secondary) ___

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

(Signed) O D Boyter, M.D.

4/14, 1913 (Address) P.O. Bldg. Webb City 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: Park Cemetery — DATE OF BURIAL: Apr 12 1913

UNDERTAKER: Knell Und. Co. — ADDRESS: Carthage, Mo.

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
and every person, irrespective of age.
pations a single word or term on the first
cient, e. g., *Farmer* or *Planter*, *Physician*,
hitect, *Locomotive engineer*, *Civil engineer*,
an, etc. But in many cases especially in
oyments, it is necessary to know (*a*) the
nd also (*b*) the nature of the business or
therefore an additional line is provided for
ment; it should be used only when needed.
(*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*,
a) *Foreman*, (*b*) *Automobile factory*. *The*
ed on may form part of the second state-
return "Laborer," "Foreman," "Manager,"
, without more precise specification, as *Day*
laborer, *Laborer—Coal mine*, etc. Women
are engaged in the duties of the household
Housekeepers who receive a definite salary),
ed as *Housewife*, *Housework*, or *At home*, and
gainfully employed, as *At school* or *At home*.
e taken to report specifically the occupations
gaged in domestic service for wages, as *Ser-*
ousemaid, etc. If the occupation has been
iven up on account of the DISEASE CAUSING
occupation at beginning of illness. If re-
usiness, that fact may be indicated thus:
ed, 6 yrs.). For persons who have no occu-
ever, write *None*.

ent of cause of death.—Name, first, the
SING DEATH (the primary affection with re-
ie and causation), using always the same
m for the same disease. Examples: *Cere-*
er (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
yphoid fever (never report "Typhoid pneu-
bar pneumonia; Bronchopneumonia ("Pneu-
ualified, is indefinite); *Tuberculosis of lungs*,
itonaeum, etc., *Carcinoma*, *Sarcoma*, etc. of
name origin; "Cancer" is less definite; avoid
mor" for malignant neoplasms); *Measles;*
Whooping cough; Chronic valvular heart dise
interstitial nephritis, etc. The contributory
or intercurrent) affection need not be state
portant. Example: *Measles* (disease caus
29 ds.; Bronchopneumonia (secondary), *10*
report mere symptoms or terminal conditio
"*Asthenia*," "Anaemia" (merely symptomatic)
'Collapse," "Coma," "Convulsions," "Debi
genital," "Senile," etc.), "Dropsy," "Exhaust
failure," "Haemorrhage," "Inanition," "Mar
age," "Shock," "Uraemia," "Weakness,"
definite disease can be ascertained as the ca
qualify all diseases resulting from childb
carriage, as "PUERPERAL *septichaemia*,"
peritonitis," etc. State cause for which surgi
was undertaken. For VIOLENT DEATHS sta
INJURY and qualify as ACCIDENTAL, SUICID
CIDAL, or as *probably* such, if impossible
definitely. Examples: *Accidental drownin*
railway train—accident; Revolver wound of he
Poisoned by carbolic acid—probably suicide.
of the injury, as fracture of skull, and conseq
sepsis, tetanus) may be stated under the he
tributory." (Recommendations on statemen
death approved by Committee on Nomenc
American Medical Association.)

Missouri

County

To