

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

PLACE OF DEATH

County Pettis

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City Sedalia (NO. 1216 S. Key St.; Ward \_\_\_\_\_)

Registration District No. 668

File No. 14025

Primary Registration District No. 3032

Registered No. 101

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

FULL NAME Juliette O Gay

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR OR RACE W

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) ✓

DATE OF BIRTH Oct 8, 1858

(Month) (Day) (Year)

AGE 75 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) Q. & A.

BIRTHPLACE

(City or town, State or foreign country) Mo.

PARENTS

NAME OF FATHER Steven Callway

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ken.

MAIDEN NAME OF MOTHER Mary Hieronimus

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ken.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A. L. Mudd

(ADDRESS) Sedalia Mo

Filed April, 23, 1913, Sam G. Kelly

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22, 1913

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 12, 1913, to Apr. 22, 1913, that I last saw her alive on Apr. 22, 1913, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH\* was as follows:

Edema of lungs

93-C

111B

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 hour ds.

Contributory Chronic myocarditis

(SECONDARY)

(Duration) \_\_\_\_\_ yrs. 4 1/2 mos. \_\_\_\_\_ ds.

(Signed) Chas. McKeen M. D.

Apr. 22, 1913 (Address) Sedalia 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 Fayette Mo

DATE OF BURIAL 4/25, 1913

UNDERTAKER McKeen

ADDRESS Sedalia 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 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, Sarcoma*, 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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Pettis

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

Township \_\_\_\_\_

Registration District No. 668

File No. 1

Village \_\_\_\_\_

Primary Registration District No. 3032

Registered No. 101

City Sedalia (NO. 1216 of Ken.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

Juliette C. Gay

PERSONAL AND STATISTICAL PARTICULARS

SEX Satisfactory information <u>Female</u>	COLOR OR RACE Satisfactory information <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
DATE OF BIRTH Satisfactory information Supplied. <u>Oct 8</u> 18 <u>88</u> (Month) (Day) (Year)		
AGE Satisfactory information Supplied. <u>75</u> yrs. _____ mos. _____ ds.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 22 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from  
Jan 12, 1913, to April 22, 1913,  
that I last saw her alive on April 22, 1913,  
and that death occurred, on the date stated above, at 2:00 p.m.  
The CAUSE OF DEATH\* was as follows:  
Order of Lungs

OCCUPATION  
(a) Trade, profession, or particular kind of work  
Satisfactory information

(b) General nature of industry, business, or establishment in which employed (or employer)  
Satisfactory information

BIRTHPLACE  
(City or town, State or foreign country)  
Mo.

PARENTS

NAME OF FATHER <u>Steven G. Galloway</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>
MAIDEN NAME OF MOTHER <u>Mary Neiron</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A. S. Mudd  
(ADDRESS) Sedalia Mo.

Filed April 27 1913 Sarah G. Kelly  
REGISTRAR

Contributionary Chronic Myocarditis  
(SECONDARY) (Duration) yrs. \_\_\_\_\_ mos. 1 hr. \_\_\_\_\_ ds.

(Signed) Chas. A. McNeil M. D.  
April 22, 1913. (Address) Sedalia, 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  
Fayette Co. Mo.

DATE OF BURIAL  
April 25, 1913

UNDERAKER  
McKenzie Bros

ADDRESS  
Sedalia, Mo.

N. B. - Examine item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly understood.

APP 1913

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Association]

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52041  
*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 septichaemia," "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.)