

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

17345

PLACE OF DEATH
County Pettis
Township _____
or
Village _____
or
City Sedalia (NO. 1200 S. Vermont St.; _____ Ward)

Registration District No. 668 File No. _____
Primary Registration District No. 3032 Registered No. 116

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

FULL NAME Mrs. Mary Elizabeth Peltier

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 9, 1913
(Month) (Day) (Year)

DATE OF BIRTH Jan-23-, 1840
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 6, 1912, to May 8, 1913, that I last saw her alive on May 8, 1913, and that death occurred, on the date stated above, at 4 P. m.

AGE 72 yrs. 3 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous
131 nephritis
113
(Duration) ___ yrs. 10 mos. ___ ds.

OCCUPATION (a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

Contributory Emphysema of lungs
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) Chas. Maxwell M. D.
May 9, 1913 (Address) Sedalia, Mo.

NAME OF FATHER Joseph Mathews

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

MAIDEN NAME OF MOTHER Mary Mathews

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

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. E. Peltier
(ADDRESS) 1200 S. Vermont

PLACE OF BURIAL OR REMOVAL Crown Hill DATE OF BURIAL May 10, 1913

UNDERTAKER Sedalia Undertaking Co. ADDRESS Sedalia, Mo.

Filed May 10, 1913, Sam G. Kelly REGISTRAR

N. B.—Every item of info. carefully supplied. AGE should be stated in full years, months, and days, so that it may be properly classified. Exact statement of OCCASION OF DEATH in full.

PLACE OF DEATH

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

County _____
 Township _____
 or _____
 Village _____
 or _____
 City _____ (NO. _____) _____ St. _____ Ward _____

Registration District No. _____ File No. _____
 Primary Registration District No. _____ Registered No. _____

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ COLOR OR RACE _____
 SINGLE _____
 MARRIED _____
 WIDOWED _____
 OR DIVORCED _____
 (If wife the word)

DATE OF BIRTH _____ (Month) _____, 19____ (Day) _____, 19____ (Year) _____
 If LESS than 1 day, _____ hrs. or _____ min.?

AGE _____ yrs., _____ mos., _____ ds.

OCCUPATION _____
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE _____
 (City or town, State or foreign country)

NAME OF FATHER _____

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

MAIDEN NAME OF MOTHER _____

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) _____

(ADDRESS) _____

Filed _____, 19____, _____ REGISTRAR

DATE OF DEATH

_____, 19____, to _____, 19____
 (Month) _____ (Day) _____ (Year) _____

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

(Duration) _____ yrs., _____ mos., _____ ds.

Contributory
 (SECONDARY)

(Signed) _____ (Duration) _____ yrs., _____ mos., _____ ds.
 _____, 19____ (Address) _____ M. D.

*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

DATE OF BURIAL _____, 19____

UNDERTAKER

ADDRESS _____

Be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Be careful in giving information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, as far as they may be properly classified. Exact statement of cause of death is very important.

PLACE OF DEATH

County Pettis

Township _____

or Village _____

or City Sedalia (NO. 1300 of Vermont st. _____ Ward _____)

FULL NAME

Mrs. Mary Elizabeth Peltier

REGISTRARS SHALL NOT CHARGE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 668 File No. _____

Primary Registration District No. 3132 Registered No. 116

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

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Widowed (Write the word)

DATE OF BIRTH Jan 23, 1940 (Month) (Day) (Year)

AGE 72 yrs. 3 mos. 16 ds. IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Said at Home (b) General nature of industry, business, or establishment in which employed (or employer) House work

BIRTHPLACE (City or town, State or foreign country) Tennessee

PARENTS NAME OF FATHER Joseph Mathews BIRTHPLACE OF FATHER Tennessee MAIDEN NAME OF MOTHER Mary Mathews BIRTHPLACE OF MOTHER Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) G. J. Peltier (ADDRESS) 1200 Vermont

Filed May 10 1913 Sam G. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 (Month) 8 (Day) 1913 (Year)

HEREBY CERTIFY, that I attended deceased from April 6 to May 8, 1913, that I last saw her alive on May 8, 1913, and that death occurred, on the date stated above, at 4:30 p.m. The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (Duration) 1 yrs. 10 mos. ds.

Contributory Emphysema of Lungs (SECONDARY) (Duration) 1 yr. 10 mos. ds. (Signed) Chas. A. McNeil M. D. May 9 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 _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Crown Hill Cemetery DATE OF BURIAL May 10 1913 UNDERTAKER Sedalia Undt. Co. 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*, *Composer*, *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 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.)

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