

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 Randolph
County Randolph Registration District No. 729 File No. 23880
Township Osage or Grand Primary Registration District No. 5963 Registered No. 8
Village Grand or Grand City Grand (NO.) St. Ward
FULL NAME Mrs Susan Buncher [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widow</u> (Write the word)	DATE OF DEATH <u>July 11</u> , 191 <u>3</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>January 26</u> , 18 <u>46</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 10</u> , 191 <u>3</u> , to <u>July 8</u> , 191 <u>3</u> , that I last saw her alive on <u>July 8</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>3:30 a. m.</u>	
AGE <u>67</u> yrs. <u>5</u> mos. <u>15</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Haemoplegia</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Nurse Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Land</u>			(Duration) ___ yrs. <u>4</u> mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>			Contributory (SECONDARY) <u>Arterio Sclerosis</u> (Duration) <u>3</u> yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Garrus Evans</u>		(Signed) <u>J. P. Allen</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>		<u>July 12</u> , 191 <u>3</u> (Address) <u>Grand</u>	
	MAIDEN NAME OF MOTHER <u>Armeta Turner</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mr Peter Mason</u> (ADDRESS) <u>Moberly Mo</u> Former or usual residence.			Where was disease contracted if not at place of death? <u>X</u>	
Filed <u>July 13</u> , 191 <u>3</u> , <u>J. P. Allen</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Grand Osage</u> DATE OF BURIAL <u>July 13</u> , 191 <u>3</u> UNDERTAKER <u>Martin Moberly</u> ADDRESS <u>Moberly 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 helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. It should be stated in a single word or term on the first line, such as *Farmer*, *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 stated as *Housewife*, *Housework*, or *At home*, and fully employed, as *At school* or *At home*. Men to report specifically the occupations followed in domestic service for wages, as *Servant*, *Maids*, etc. If the occupation has been discontinued on account of the DISEASE CAUSING DEATH, the occupation at beginning of illness. If necessary, that fact may be indicated thus: (name of disease) (no. yrs.). For persons who have no occupation, 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*, *Meningitis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc. of (name organ) (name 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.)