

PLACE OF DEATH

County Jasper

Township _____

or Village _____

or City Joplin (NO. _____ St. _____ Ward _____)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 411File No. 26752Primary Registration District No. 2002Registered No. 345

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

FULL NAME Mary Ann Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)DATE OF BIRTH Oct 5, 1836
(Month) (Day) (Year)AGE 76 yrs. 9 mos. 11 ds. If LESS than 1 day, _____ hrs. or _____ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0BIRTHPLACE
(City or town, State or foreign country) Pontapool WalesPARENTS
NAME OF FATHER William PhilipsBIRTHPLACE OF FATHER
(City or town, State or foreign country) WalesMAIDEN NAME OF MOTHER Mary ManwaringBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Wales

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Williams(ADDRESS) Pittsburg, MoFiled 8/18 1913 M. Gress REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 16, 1913, to Aug 3, 1913, that I last saw her alive on Aug 3, 1913, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Elephantiasis
15 yrs.
1908
153A (Duration) _____ yrs. _____ mos. _____ ds.Contributory Fracture of hip
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) A. C. Carpenter M. D.Aug 16, 1913 (Address) Joplin

*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 Frontenac, Mo DATE OF BURIAL Aug 18, 1913UNDERTAKER Cunningham & Sons, Joplin, Mo ADDRESS _____

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MARGIN RESERVED FOR BINDING

NEW RECORDS

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.

PLACE OF DEATH

County Gasper

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

Township _____

Registration District No. 411

File No. _____

Village _____

Primary Registration District No. 2002

Registered No. 345

or _____

St. _____ Ward _____

City Joplin (NO. _____)

FULL NAME Mary Ann Williams

(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 Widow
(Write the word)

DATE OF BIRTH _____
(Month) _____ (Day) _____ (Year) _____

AGE _____ yrs. _____ mos. _____
IF LESS than 1 day, _____ hrs. or _____ min.

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)

PARENTS
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 Aug 18 1913 J. A. M. GREGG REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16, 1913
(Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him _____, 191____, and that death occurred, on the date stated above, _____, 191____.

The CAUSE OF DEATH* was as follows:
Elephantiasis
Accidental fall

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

Contributory Fracture of lip
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. A. Carpenter M. D.
Aug 16 1913 (Address) Joplin

*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 _____ 191____

UNDERTAKER _____ Satisfactory Information Supplied. ADDRESS _____

SUPPLEMENTARY INFORMATION Supplied

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

25192
26752

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.)