

WRITE PLAINLY IN 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 language, and that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Lafayette</u>	Registration District No.	<u>461</u> File No. <u>26888</u>
Township	<u>Lexington</u>	Primary Registration District No.	<u>3024</u> Registered No. <u>208</u>
Village		(NO. <u>222</u> S. <u>12</u> )	St.: <u>2</u> Ward
City			[If death occurred in a hospital or institution, give its NAME instead of street and number]
FULL NAME <u>Dora E Studdard</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Single</u>	DATE OF DEATH <u>Aug 16, 1913</u> (Month) (Day) (Year)
DATE OF BIRTH <u>June 1, 1864</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Aug 6, 1913, to Aug 16/13, 1913,</u> that I last saw her alive on <u>Aug 16/13, 1913,</u> and that death occurred, on the date stated above, at <u>9-70 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Cremia.</u> <u>130</u> <u>132B</u> (Duration) yrs. mos. <u>10</u> ds.	
AGE <u>49</u> yrs. <u>2</u> mos. <u>15</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>At Home</u>		Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) <u>Thompson Payne</u> M. D. <u>Aug 19, 1913</u> (Address) <u>Lexington Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Brick Mo</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>M. E. Studdard</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>North Can.</u>	Where was disease contracted if not at place of death? Former or usual residence.	
	MAIDEN NAME OF MOTHER <u>Sarah J. Good</u>	PLACE OF BURIAL OR REMOVAL <u>Brick Mo</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	DATE OF BURIAL <u>Aug 19, 1913</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. M. Studdard</u> (ADDRESS) <u>Poplar St</u>		UNDERTAKER <u>Ernest Hegert</u>	
Filed <u>Aug 29, 1913</u> <u>J. P. Rope</u> REGISTRAR		ADDRESS <u>Lexington 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 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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, 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.)



CERTIFICATE OF DEATH

PLACE OF DEATH

County Lafayette  
Township Lexington  
or  
Village  
or  
City

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

Registration District No. 461 File No. 208  
Primary Registration District No. 3024 Registered No.  
(NO. 222 D. 12 St. Ward)

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

FULL NAME Dora E. Studdard

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
DATE OF BIRTH Satisfactory information supplied.  
(Month) (Day) (Year)  
AGE Satisfactory information supplied. IF LESS than 1 day, hrs. or min.  
yrs. mos. ds. 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) Satisfactory information supplied.  
(ADDRESS)

Filed Aug 29 1913 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16, 1913  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Satisfactory information supplied.  
that I last saw him Satisfactory information supplied.  
and that death occurred, on the date stated above, at Satisfactory information supplied. m.

The CAUSE OF DEATH\* was as follows:  
Uræmia  
Acute nephritis  
(Duration) 119 mos. 10 ds.  
Contributory (SECONDARY)  
(Duration) yrs. mos. ds.  
(Signed) [Signature] M. D.  
Aug 18 1913 (Address) Lexington

\*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  
Satisfactory information supplied. 1913  
UNDERTAKER Satisfactory information supplied. ADDRESS

WHITE P. MATH. RESERVED FOR BINDING. BOARD

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