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

PLACE OF DEATH

County: Buchanan

Township or Village or City: St Joseph (No. St Josephs Hospital St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

Registration District No. 85

Primary Registration District No. 1001

File No. 29101

Registered No. 449

FULL NAME Hannah Handley

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female	DATE OF DEATH: April 29, 1913 (Month) (Day) (Year)
COLOR OR RACE: White	
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow	
DATE OF BIRTH: Nov 28, 1858 (Month) (Day) (Year)	I HEREBY CERTIFY, that I attended deceased from April 18, 1913, to April 29, 1913, that I last saw her alive on April 29, 1913, and that death occurred, on the date stated above, at 905 A m.
AGE: 55 yrs. 5 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: 126 127B Surgical Operation (Duration) ___ yrs. ___ mos. 2 ds.
OCCUPATION (a) Trade, profession, or particular kind of work: Housework	Contributory (Secondary) Cholecystitis Gall Stones (Duration) Long ___ yrs. ___ mos. ___ ds.
(b) General nature of industry, business, or establishment in which employed (or employer): at home	(Signed) Fred B Keels M. D.
BIRTHPLACE (City or town, State or foreign country): Missouri	April 29, 1913 (Address) Commercial Bldg
NAME OF FATHER: Nathan Dougherty	*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 FATHER (City or town, State or foreign country): Unknown	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. 4 ds. In the State 48 yrs. ___ mos. ___ ds.
MAIDEN NAME OF MOTHER: Nancy Irle	Where was disease contracted if not at place of death? 311 Jackson
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Unknown	Former or usual residence: 311 Jackson
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Handley	PLACE OF BURIAL OR REMOVAL: Oakland Cemt. DATE OF BURIAL: May 1, 1913
(ADDRESS) 311 Jackson	UNDERTAKER: Heaton Be Gole & Co. ADDRESS: 224 S 8th St.
Filed Sept 24, 1913 W E Harrington REGISTRAR	

# 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, 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 *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.)