

## PLACE OF DEATH

County

*Daviess*

Township

*Monroe*

or

Village

or

City

(NO. \_\_\_\_\_)

Registration District No. *250*File No. *32500*Primary Registration District No. *5319*Registered No. *42*

St.: \_\_\_\_\_ Ward)

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

FULL NAME

*Martina C. Spidle*

## PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>Widow</i>
DATE OF BIRTH <i>June 9<sup>th</sup> 1843</i> (Month) (Day) (Year)		
AGE <i>70</i> yrs. <i>4</i> mos. <i>5</i> ds. If LESS than 1 day, ___ hrs. or ___ min.?		

## OCCUPATION

(a) Trade, profession, or particular kind of work

*Home work*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Caring for family*

## BIRTHPLACE

(City or town, State or foreign country)

*Lima, Ill.*

PARENTS

NAME OF FATHER

*Don't know*

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

*Don't know*

MAIDEN NAME OF MOTHER

*Don't know*

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

*Don't know*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

*O. B. Spidle*

(ADDRESS)

*Breckinridge, Mo*

Filed

*10/17 1913**W. H. Brasier*

REGISTRAR

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

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

*Oct 14, 1913*  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from *Oct 8*, 1913, to *Oct 14*, 1913, that I last saw her alive on *Oct 14*, 1913, and that death occurred, on the date stated above, at *2:30* p.m.

The CAUSE OF DEATH\* was as follows:

*Enterocolitis**17 yr.**16-20* (Duration) yrs. *5* mos. *5* ds.Contributory *old age*

(Duration) yrs. mos. ds.

(Signed) *O. N. Thompson* M. D.  
*Oct 14, 1913* (Address) *Breckinridge 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 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

*Lied Fork Cem**Oct 15, 1913*

UNDERTAKER

ADDRESS

*E. Drury Breckinridge*

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

RECORDING AND THIS IS A PERMANENT RECORD

# 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, 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.

*Deaier*, 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 .....

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," "Inanition," "Marasmus," "Old age."

Bureau of Vital Statistics

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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.)