

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

PLACE OF DEATH
County Greene
Township N Campbell
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 318 File No. 39184
Primary Registration District No. 5439 Registered No. 613

FULL NAME Mary Ann Leedy

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widow
(If write the word)
DATE OF BIRTH 12 31, 1881
(Month) (Day) (Year)

AGE 82 - - - - - If LESS than
yrs. mos. ds. 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Abingdon Va

PARENTS
NAME OF FATHER John Maiden
BIRTHPLACE OF FATHER (City or town, State or foreign country) Va
MAIDEN NAME OF MOTHER Susanna Lemons
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Abingdon Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Leedy
(ADDRESS) R.F.D #5

Filed Dec 1 3, 1913 D. C. W. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 - 29, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11/29, 1913, to Nov 29, 1913, that I last saw her alive on Nov 29, 1913, and that death occurred, on the date stated above, at 10:00 PM.

(The CAUSE OF DEATH* was as follows:
9:55
118 Heart Indigestion
(Duration) yrs. mos. ds. 29 yrs. 11 mos. 29 ds.

Contributory (SECONDARY) Organic Heart trouble
(Duration) yrs. mos. ds. 30 ds.
(Signed) W. B. ... M.D.
12-1-13 (Address) St. ...

*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 and DATE OF BURIAL
Parson and Hazdon 12-1-, 1913
UNDERTAKER Parson and Hazdon ADDRESS 44 South St Springfield

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.

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*, *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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County

Franklin
N. Campbell

Registration District No.

318

File No.

Registered No.

613

Township

or

Village

or

City

(NO.

R. F. D. 5

St.

Ward)

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

FULL NAME

Mary Ann Leidy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

F

W

W

DATE OF DEATH

11-29

(Month)

(Day)

191*3*
(Year)

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

If LESS than 1 day, hrs. or min.

I HEREBY CERTIFY, that I attended deceased from

Nov 29, 191*3* to *Nov 29*, 191*3*

that I last saw her alive on *Nov 29*, 191*3*

and that death occurred, on the date stated above, at *10:40* p. m.

The CAUSE OF DEATH* was as follows:

Acute Pyelocystitis

United registered

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

30 ds.

(Signed)

G. W. Barnes

M. D.

17/1

191*3*

(Address)

*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

UNDERTAKER

ADDRESS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

17/1 *3:00 P.M.*

REGISTRAR

DEC - 1913

Original file, date

All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information should be as EXACTLY AS POSSIBLE. Exact statement of OCCUPATION is very important.

Supplementary Certificate

Revised United States Standard Certificate of Death

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

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