

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

PLACE OF DEATH
Madison

County Madison

Township _____

or Village _____

City Fredericktown Mo. (NO. _____)

Registration District No. 538

File No. 4009

Primary Registration District No. 3628

Registered No. 75

St. _____ Ward _____

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

FULL NAME Maggie E. Fessler

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF DEATH Dec. 16, 1913
(Month) (Day) (Year)

DATE OF BIRTH Oct. 27, 1875
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 14, 1913, to Dec. 16, 1913, that I last saw her alive on Dec. 16, 1913, and that death occurred, on the date stated above, at 3 a.m.

AGE 38 yrs. 1 mos. 19 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

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

2.3A

BIRTHPLACE (City or town, State or foreign country) Fredericktown Mo

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

NAME OF FATHER Miles J. Day

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

BIRTHPLACE OF FATHER (City or town, State or foreign country) Clayton Co. E. Tenn.

(Signed) [Signature] M. D.
Dec 17, 1913 (Address) Fredericktown Mo.

MAIDEN NAME OF MOTHER Mary Barron

*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 MOTHER (City or town, State or foreign country) Madison Co. Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?

(Informant) Bessie Day

Former or usual residence _____

(ADDRESS) Fredericktown Mo

PLACE OF BURIAL OR REMOVAL Christian DATE OF BURIAL 12/17, 1913
Fredericktown Mo

Filed Dec 20, 1913 [Signature] REGISTRAR

UNDERTAKER Ed. Hebb ADDRESS Fredericktown Mo

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 health of various pursuits can be known. The question of each and every person, irrespective of age, and of various occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Engineer, Architect, Locomotive engineer, Civil engineer, Fireman*, etc. But in many cases, especially in domestic employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or occupation and therefore an additional line is provided for



Statement of occupation.—*Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (including those who are paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. If the individual should be taken to report specifically the occupations in which he or she is engaged in domestic service for wages, as *Servant, Housemaid*, etc. If the occupation has been discontinued or given up on account of the DISEASE CAUSING DEATH, state the nature of the occupation at beginning of illness. If retired, that fact may be indicated thus: *retired, 6 yrs.*) For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with reference 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," "Insanition," "Marasmus," "Old

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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.)

To