

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH
 County Montgomery
 Township Liberty
 or
 Village _____
 or
 City _____ (NO. _____)

Registration District No. 594 File No. 60114
 Primary Registration District No. 4382 Registered No. 19
578818 St. _____ Ward _____

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

FULL NAME Mary Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>7 - Do not know</u> (Month) (Day) (Year)		
AGE <u>about 40 yrs. Do not know</u>		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Troy, MO</u>		
PARENTS	NAME OF FATHER <u>Charlie Schaub</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Do not know</u>	
	MAIDEN NAME OF MOTHER <u>Kitty Talbert</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>McKittick</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ley Glover
 (ADDRESS) McKittick
 Filed 12-16 1913 O. R. Hauschelbach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 16, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 15, 1913, to Dec 16, 1913, that I last saw her alive on Dec 16th, 1913, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Peritonitis
12213
129

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

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

(Signed) J. T. Leslie M. D.
Dec 16 1913 (Address) McKittick

*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 <u>Near McKittick Mo</u>	DATE OF BURIAL <u>12-16</u> 191 <u>3</u>
UNDERTAKER <u>Ed. Hottmeyer & Co</u>	ADDRESS <u>Rhindland mo</u>

Revised United States Standard 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 service⁵ 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, peritonacum*, 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.)

PLEASE PRINT EXACTLY. PHYSICIANS should state the cause of death and the occupation is very important.

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 Montgomery
Township Routte
or
Village
or
City (NO. St. Ward)

Registration District No. 594 File No. ✓
Primary Registration District No. 578813 Registered No. 14

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

FULL NAME Mary Foster

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE B SINGLE MARRIED Married
WIDOWED OR DIVORCED (Write the word)

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

DATE OF BIRTH July Do not know
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 15, 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 P. M.
The CAUSE OF DEATH* was as follows:

AGE about 40 yrs. mos. ds. IF LESS than 1 day, hrs. or min.

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

Peritonitis
cause as no post mortem
was had (Duration) yrs. mos. ds. 2 ds.

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

Contributory Intestinal Obstruction
(SECONDARY) (Duration) yrs. mos. ds. 7 ds.

NAME OF FATHER Chas. Schaub

BIRTHPLACE OF FATHER (City or town, State or foreign country) Do not know

(Signed) J. T. Leslie M. D.
12/16/13 (Address) McKittick

MAIDEN NAME OF MOTHER Esty Rabbert

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

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Leige Glover

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

(ADDRESS) McKittick Mo

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

Filed 12-16-13 Rauschelbach REGISTRAR

PLACE OF BURIAL OR REMOVAL Near McKittick Mo DATE OF BURIAL 12-18 1913

UNDERTAKER Ed. Kottmeyer & Co ADDRESS Phineland Mo

CAUSE

Revised United States Standard Certificate of Death

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

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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.)

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