

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

PLACE OF DEATH
County St. Charles
Township Dardenne
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 760 File No. 40501
Primary Registration District No. 6001 Registered No. 31

FULL NAME Mrs. Mahalia A. Mc Waters

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF DEATH December 14, 1913
(Month) (Day) (Year)

DATE OF BIRTH May 11, 1833
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 19, 1913, to Dec 14, 1913, that I last saw h e alive on December 14, 1913, and that death occurred, on the date stated above, at 5 P. m.

AGE 80 yrs. 7 mos. 3 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
fact in Circulation
H.F.B.
W
(Duration) 8 yrs. ___ mos. ___ ds.

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

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

BIRTHPLACE (City or town, State or foreign country) Missouri

NAME OF FATHER Benj. Howell

(Signed) L. E. Belding M. D.
Dec 14, 1913 (Address) Howell, Mo

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

MAIDEN NAME OF MOTHER Mahalia Castle

*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) Tenn.

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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Mc Waters

(Address) Howell, Mo.

PLACE OF BURIAL OR REMOVAL Falls Cem. Howell Mo. DATE OF BURIAL Dec 16, 1913

Filed Dec. 16, 1913 J. J. Jenkins REGISTRAR

UNDERTAKER Ed. Keithly ADDRESS Dallan, Mo.

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 health-arious pursuits can be known. The question each and every person, irrespective of age, occupations a single word or term on the first sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Foreman*, etc. But in many cases especially in employments, it is necessary to know (a) the kind and also (b) the nature of the business or industry therefore an additional line is provided for statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. The occupation may form part of the second statement return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer*, *Laborer—Coal mine*, etc. Women who are engaged in the duties of the household and *Housekeepers* who receive a definite salary, should be reported as *Housewife*, *Housework*, or *At home*, and if gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations engaged in domestic service for wages, as *Server*, *Housemaid*, etc. If the occupation has been given up on account of the DISEASE CAUSING the occupation at beginning of illness. If re-employment in business, that fact may be indicated thus: *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 remote and causation), using always the same term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of *Typhoid fever*, never report "Typhoid pneumonia"; *Bronchopneumonia* ("Pneumonia" is indefinite); *Tuberculosis of lungs*, *Peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); *Measles*

Whooping cough; *Chronic valvular heart disease*; *interstitial nephritis*, etc. The contributory (separate or intercurrent) affection need not be stated; unimportant. Example: *Measles* (disease causing 29 ds.); *Bronchopneumonia* (secondary), 10 ds. report mere symptoms or terminal conditions, as "Asthma," "Anaemia" (merely symptomatic), "Ataxia," "Collapse," "Coma," "Convulsions," "Debility," "Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., if definite disease can be ascertained as the cause. Qualify all diseases resulting from childbirth, carriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MECHANISM OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or SELF-KILLED, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—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 American Medical Association.)

Miss

County

U. S. FORM XXX

FROM

