

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.

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

1831

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

Registration District No. 581 File No. _____
 Primary Registration District No. 4343 Registered No. 1

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

FULL NAME Mary J. Lee

PERSONAL AND STATISTICAL PARTICULARS			✓	MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>		DATE OF DEATH <u>Jan 15</u> ^A (Month) (Day) (Year) <u>1914</u>	
DATE OF BIRTH <u>Dec. 31</u> st (Month) (Day) (Year) <u>1884</u>			I HEREBY CERTIFY, that I attended deceased from <u>Jan 7</u> , 1914, to <u>Jan 15</u> , 1914, that I last saw her alive on <u>Jan 15</u> , 1914, and that death occurred, on the date stated above, at <u>5 P.</u> m.		
AGE <u>59</u> yrs. — mos. <u>15</u> ds.			and that death occurred, on the date stated above, at <u>5 P.</u> m.		
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) _____			The CAUSE OF DEATH* was as follows: <u>108</u> <u>Pneumonia</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Marion Co. Mo</u>			(Duration) _____ yrs. _____ mos. <u>9</u> ds.		
PARENTS	NAME OF FATHER <u>E. M. Luliy</u>		Contributory <u>Heart failure</u> (SECONDARY)		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>K. Y.</u>		(Duration) _____ yrs. _____ mos. <u>1</u> ds.		
	MAIDEN NAME OF MOTHER <u>Julia Hunt</u>		(Signed) <u>Geo. L. Turner</u> M. D. <u>Jan 16 1914</u> (Address) <u>Moivre City Mo.</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>K. Y.</u>		*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 _____					
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			PLACE OF BURIAL OR REMOVAL		
(Informant) <u>Marnie Feem</u>			<u>St. James Cemetery Moivre City Mo.</u>		
(ADDRESS) <u>El. Mo.</u>			DATE OF BURIAL <u>Jan 17</u> th 1914		
Filed <u>Jan 17</u> th 1914, <u>Orville Wilson</u> Deputy REGISTRAR			UNDERTAKER <u>W. A. Wilson Moivre City Mo.</u>		
			ADDRESS _____		

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 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, for 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.)

PLACE OF DEATH

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

County

Monroe

Township

Registration District No.

581

File No.

or

Village

Primary Registration District No.

4343

Registered No.

1

or

City

Monroe

(NO.

St.

Ward)

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

FULL NAME

Mary J. Lee

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

F

COLOR OR RACE

w

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

M

DATE OF DEATH

Jan 15, 1914

DATE OF BIRTH

1, 1, 1914

AGE

50 yrs. mos. ds.

If LESS than
1 day, hrs.
or min.I HEREBY CERTIFY, that I attended deceased from
Satisfactory Information Supplied.that I last saw h. alive on _____, 191____,
and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

OCCUPATION

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

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

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

1/17

1914

Orville Wilson
Deputy REGISTRAR

Contributory

(Secondary)

Duration) yrs. mos. 9 ds.

(Duration) yrs. mos. 1 ds.

(Signed)

Geo. L. Turner M.D.
Jan 16, 1914 (Address) Monroe City, 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

UNDERTAKER

ADDRESS

Original file, date

Mar. 10 1914

19

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

Revised United States Standard Certificate of Death

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

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1831
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