

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

PLACE OF DEATH

County Putnam

Township Liberty

Village _____

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 720

Primary Registration District No. 5951

File No. 5778

Registered No. 67

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

FULL NAME Melissa Jane Abbott

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married
(If write the word)

DATE OF BIRTH Nov 13 1866
(Month) (Day) (Year)

AGE 58 yrs. 3 mos. 12 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Iowa.

PARENTS
NAME OF FATHER Richard Jones
BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa.
MAIDEN NAME OF MOTHER Doit Jones
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Iowa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hartley

(ADDRESS) Madison, Miss.

Filed 7-4-27 1914 P. V. Hart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 18th, 1914, to Feb 26th, 1914, that I last saw her alive on Feb 18th, 1914, and that death occurred, on the date stated above, at 4¹⁵ P.M.

The CAUSE OF DEATH* was as follows:
591A
Artificial Deformans

(Duration) 10 yrs. ___ mos. ___ ds.

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

(Signed) Wm. R. K. K... M. D.
7-26, 1914 (Address) unavailable

*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 Shelby County DATE OF BURIAL Feb 27, 1914

UNDERTAKER Mullins Sons ADDRESS Omaha

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

States Standard Certificate of Death

Census and American Public Health Association]

operation.—Precise statement of occupation.—Important, so that the relative health-ursuits can be known. The ques- and every person, irrespective of ipations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *r*, *Architect*, *Locomotive engineer*, *mary fireman*, etc. But in many ;ustrial employments, it is neces- e kind of work and also (b) the ss or industry, and therefore an

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*, *Sar-*

coma, 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.)