

Saline Co.
PLACE OF DEATH

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

County Saline Co.
Township Marshall Mo Registration District No. 796 File No. 7001
or Marshall Mo Primary Registration District No. 6039 Registered No. 129 19
or City (NO. _____ St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Laura A. Cartwright

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug. 17, 1893
(Month) (Day) (Year)

AGE 70 yrs. 6 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Woodford Co. Ky.

NAME OF FATHER Wm B. Mitcham

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

MAIDEN NAME OF MOTHER Louise Ford

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Endora S. Chastain
(ADDRESS) Marshall Mo.

Filed Feb. 28, 1914 A. B. Putnam
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 2, 1913, to Feb. 26, 1914, that I last saw her alive on Feb. 26, 1914, and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:
Cerebral Pneumonia

107A
Duration) yrs. 4 mos. ___ ds.

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

(Signed) L. P. Cartwright M. D.
Feb. 27, 1914 (Address) Hughsville 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 Ridge Park DATE OF BURIAL Feb. 28, 1914

UNDERTAKER O. M. Walker ADDRESS Marshall Mo

States Standard Certificate of Death

Census and American Public Health
Association

Occupation.—Precise statement of occupation, so that the relative health-insights can be known. The question for every person, irrespective of age, is a single word or term on the first line, e. g., *Farmer or Planter, Physician, Locomotive engineer, Civil engineer, etc.* But in many cases, especially in children, it is necessary to know (a) the nature (b) the nature of the business or occupation and (c) an additional line is provided for use when needed. (a) *Winner, (b) Cotton mill; (c) Salesman, (d) Reman, (b) Automobile factory.* The occupation may form part of the second statement, "Laborer," "Foreman," "Manager," "Carpenter," "Laborer—Coal mine, etc. Women engaged in the duties of the household (housekeepers who receive a definite salary), housewife, Housework, or At home, and when employed, as At school or At home. To report specifically the occupations in domestic service for wages, as *Servant, etc.* If the occupation has been stated on account of the DISEASE CAUSING FACT at beginning of illness. If that fact may be indicated thus: (a) For persons who have no occupation *None.*

Cause of death.—Name, first, the primary affection with recollection, using always the same name the same disease. Examples: *Cerebral meningitis* (only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *fever* (never report "Typhoid pneumonia; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, 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 "Asthemia," "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.)