

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHPettusRegistration District No. 668File No. 9554Primary Registration District No. 3032Registered No. 88Sedalia (NO. 319 N. 5th St.; _____ Ward)

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

FULL NAME Margaret Casey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)DATE OF DEATH March 25, 1914
(Month) (Day) (Year)DATE OF BIRTH April 12, 1834
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from March 15, 1914, to March 25, 1914, that I last saw her alive on March 25, 1914, and that death occurred, on the date stated above, at 10 am.If LESS than 1 day, _____ hrs. or _____ min.?
79 yrs. 11 mos. 13 ds.The CAUSE OF DEATH* was as follows:
Chronic bronchitis
following fracture
of femurOCCUPATION at home
Trade, profession, or similar kind of work
General nature of industry, business, or establishment in which employed (or employer)(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. O. Dunlap M. D.
(Address) Sedalia, MoPLACE OF BIRTH Ireland 1065
(City or town, State or foreign country)

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

NAME OF FATHER Patrick CaseyLENGTH 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 residenceBIRTHPLACE OF FATHER Ireland
(City or town, State or foreign country)MAIDEN NAME OF MOTHER M. BaggettBIRTHPLACE OF MOTHER Ireland
(City or town, State or foreign country)

I HEREBY CERTIFY THAT I AM TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) Andrew CaseyADDRESS 319 N. 5thDATE Mar 28, 1914 REGISTRAR H. B. PoupPLACE OF BURIAL OR REMOVAL Catholic Cem DATE OF BURIAL 3-27, 1914UNDERTAKER Sedalia North Co ADDRESS Sedalia

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

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

PLACE OF DEATH St. Louis
 County St. Louis Registration District No. 668 File No. _____
 Township _____ or Village _____ or City St. Louis Primary Registration District No. 3032 Registered No. 88
 (NO. 319 W. 5th. St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

DECEASED NAME Margaret Casey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED M. (Write the word)
 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)
 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.

DATE OF DEATH March 25, 1914
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from _____, 1914, to _____, 1914, that I last saw him _____ alive on _____, 1914, and that death occurred, on the date stated above, at _____ m.

OCCUPATION (a) OCCUPY, profession, or part. (b) Nature of industry, business, or establishment in which employed (or employer)
 BIRTH (Country, State, City or foreign country)
 NAME OF FATHER _____ PLACE OF BIRTH (City or town, State or foreign country)
 NAME OF MOTHER _____ PLACE OF BIRTH (City or town, State or foreign country)

The CAUSE OF DEATH* was as follows:
Chronic bronchitis aggravated by confinement to bed following a fracture of R. femur. Fracture caused by falling into bed with a rug. Fracture at a remarkable (Duration) _____ yes _____ mos. _____ ds.
 Contributory (SECONDARY) _____ (Duration) _____ yes _____ mos. _____ ds.
 (Signed) V. W. O. Bueckler M. D. Mar 27, 1914 (Address) Sedalia Mo.

TRUE TO THE BEST OF MY KNOWLEDGE THE ABOVE (Informant) _____ (Address) _____
 Filled _____ (Date) _____ 1914
H. B. Long REGISTRAR

*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 IN 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 _____ 1914
 UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

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*, *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 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

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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 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.)