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

File No. 15501

Registered No. 978

PLACE OF DEATH

County: Cape Girardeau

Township: Cape Girardeau

or Village: _____

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

Registration District No. 125

Primary Registration District No. 5178

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

FULL NAME Emillie Lacy (Colored)

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	black	widow

DATE OF BIRTH unknown (Month) (Day) (Year)

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

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

BIRTHPLACE (City or town, State or foreign country): Princess Co. Virginia

PARENTS

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country): Unknown

MAIDEN NAME OF MOTHER: Katherine Rice

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Theo Busch

(ADDRESS) County Farm

Filed May 25 1914. Geo E Chappell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 (Month) (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Ever Since, 191___, to _____, 191___, that I last saw _____ alive on _____, 191___, and that death occurred, on the date stated above, at _____ P.m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

35 32C

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

Contributory (SECONDARY) _____

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

(Signed) Dr. R. T. Henderson M. D.
By O. H. Hurst Jackson Mo
191___ (Address)

*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: New City Cemetery

DATE OF BURIAL: May 25 1914

UNDERTAKER: Walther & Co

ADDRESS: Cape Gir.

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 c. es, 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

Manager, Dealer, red as *Housewife, House-*
specification, as *Day labor* en, not gainfully employed,
Coal mine, etc. Women are should be taken to re-
in the duties of the house ons of persons engaged in
keepers who receive a defin as *Servant, Cook, House-*
as *Housewife, Housework,* has been changed or given
not gainfully employed, E CAUSING DEATH, state oc-
Care should be taken to r ess. If retired from busi-
pations of persons engag cated thus: *Farmer* (*re-*
wages, as *Servant, Cook,* who have no occupation
occupation has been chang
of the DISEASE CAUSING D **death.**—Name, first, the
beginning of illness. If r primary affection with re-
fact may be indicated thu), using always the same
For persons who have disease. Examples: *Cere-*
write *None.* nite synonym is "Epidemic

Statement of cause *Diphtheria* (avoid use of
the DISEASE CAUSING DEA (never report "Typhoid
with respect to time and ca *onia; Bronchopneumonia*
same accepted term for the indefinite); *Tuberculosis*
Cerebrospinal fever (the o *um,* etc., *Carcinoma, Sar-*
"Epidemic cerebrospinal
(avoid use of "Croup"); *T*

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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.