

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

24884

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

Registration District No. 1157 File No. _____
Primary Registration District No. 1457 Registered No. _____

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

FULL NAME ^{Mrs.} Alberda Hayman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH July 1st, 1914
(Month) (Day) (Year)

DATE OF BIRTH May 26th, 1883
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 29, 1914, to July 1st, 1914, that I last saw her alive on July 1st, 1914, and that death occurred, on the date stated above, at 9 a.m.

AGE 31 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

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

Malignant tumor of uterus (carcinoma)

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

(Duration) 3 yrs. 4 mos. 1 ds.

NAME OF FATHER Max Yorkley

Contributory (SECONDARY) idiopathic
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Dr. W. T. Davis M. D.
July 1st 1914 (Address) Vanduser Mo.

MAIDEN NAME OF MOTHER America Biggs

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Yorkley
(ADDRESS) Vanduser Mo.

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? at place of death

Former or usual residence Bogalusa, La.

Filed July 1st 1914 H. P. L. Stepp REGISTRAR

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 1914
UNDERTAKER _____ ADDRESS _____

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.

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PLACE OF DEATH
County Scott

Township Moree
or
Village Vanduser
or
City _____

Registration District No. _____
Primary Registration District No. _____
File No. _____
Registered No. _____

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

St. _____ Ward _____

FULL NAME Mrs. Alberta Hayman

PERSONAL AND STATISTICAL PARTICULARS

SEX _____
COLOR OR RACE White
SINGLE Married
MARRIED
OR DIVORCED
(If write the word)
DATE OF BIRTH May 26 (Month) 1883 (Year)
If LESS than 1 day, hrs. or min.?

AGE 31 yrs. 1 mos. 5 ds.

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

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

NAME OF FATHER Maac Yorkley

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

MAIDEN NAME OF MOTHER America Biggs

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(ADDRESS) _____

Filed _____ 191____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st (Month) 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from June 29, 1914, to July 1st, 1914, that I last saw her alive on July 1st, 1914, and that death occurred, on the date stated above, at 9 A.M.
The CAUSE OF DEATH* was as follows:

Malignant Cancer of uterus (Carcinoma)

Contributory (SECONDARY) diapathic (Duration) 3 yrs. _____ mos. _____ ds.

(Signed) Dr. W. T. Vanduser (Address) Vanduser (Duration) _____ yrs. _____ mos. _____ ds.
July 1 1914 (Address) M. D.

*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? at place of death
Former or usual residence Bogalusa, La.

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 191____

UNDERTAKER _____ 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*, *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 "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.)

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