

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.

PLACE OF DEATH
 County Washington
 Township Bellevue or
 Village _____ or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 885 File No. 25066
 Primary Registration District No. 6177 Registered No. _____

FULL NAME Mahala Temperance AKers

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX : <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If file the word) <u>Married</u>	DATE OF DEATH <u>July 4</u> , 191 <u>4</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>August 8th, 1869</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec. 13th, 1913</u> , to <u>July 4th, 1914</u> , that I last saw her alive on <u>July 7/8</u> , 191 <u>4</u> , and that death occurred, on the date stated above, at <u>50</u> m.	
AGE <u>44</u> yrs. <u>11</u> mos. <u>4</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>Carcinoma of Liver</u> <u>4 1/2</u> (Duration) yrs. <u>7</u> mos. <u>21</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>House wife</u>			Contributory (SECONDARY) _____ (Duration) yrs. ____ mos. ____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Wayne Co Mo</u>			(Signed) <input checked="" type="checkbox"/> _____ M. D. _____ (Address) _____	
PARENTS	NAME OF FATHER <u>Leander Mason</u>		*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 FATHER (City or town, State or foreign country) <u>Washington Co Mo</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>20</u> yrs. <u>6</u> mos. <u>6</u> ds. In the State ____ yrs. ____ mos. ____ ds.	
	MAIDEN NAME OF MOTHER <u>Silla Wright</u>		Where was disease contracted if not at place of death? <u>at place of death</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Washington Co</u>		Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>William Akers</u>			PLACE OF BURIAL OR REMOVAL <u>Caledonia</u> DATE OF BURIAL <u>July 5</u> , 191 <u>4</u>	
(ADDRESS) <u>Belgrade</u>			UNDERTAKER <u>White & Bond</u> ADDRESS <u>Belgrade</u>	
Filed <u>7-15</u> , 191 <u>4</u> <u>Geo H Eversal</u> REGISTRAR				

Statement. Never return
 Manager," "Dealer," e
 pecification, as *Day labor*
Coal mine, etc. Women
 n the duties of the house
 eepers who receive a defi
 s *Housewife*, *Housework*,
 ot gainfully employed,
 are should be taken to re
 ations of persons engaged
 ges, as *Servant*, *Cook*,
 occupation has been chan
 f the DISEASE CAUSING
 eginning of illness. If
 et may be indicated th
 or persons who have
 rive *None*.

Statement of cause

the DISEASE CAUSING DEATH
 Census and American Medical 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*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vascular 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.)