

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. COMPLETELY WITHHOLDING NAME—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH
 County Barton
 Township Oparka or Village Liberal City Liberal (NO. _____ St. _____ Ward _____)
 Registration District No. 41 File No. 31392
 Primary Registration District No. 4075 Registered No. _____
 FULL NAME Mary A Seales (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (If the word)
 DATE OF BIRTH March 25, 1872 (Month) (Day) (Year)
 AGE 72 yrs. 6 mos. 10 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work Nurse
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 BIRTHPLACE (City or town, State or foreign country) Chilston Ind.
 NAME OF FATHER R. G. Hart
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Louisville Ky
 MAIDEN NAME OF MOTHER Meribah Gaurice
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5, 1914 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Feb 16, 1913, to Oct 4, 1914, that I last saw her alive on Oct 3, 1914, and that death occurred, on the date stated above, at 2:30 P
 The CAUSE OF DEATH* was as follows:
Valvular disease of the heart. (Chronic)
92R
 (Duration) 1 yrs. 5 mos. 4 ds.
 Contributory Edema (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. S. Gish M. D. Oct 5, 1914 (Address) Liberal Mo
 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. L. Seales
 (ADDRESS) Liberal Mo
 Filed Oct 5, 1914 W. A. Smith REGISTRAR

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 Barton City Cemetery DATE OF BURIAL Oct 5, 1914
 UNDERTAKER W. A. Seales ADDRESS Liberal Mo

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 not of "Cancer" for malignant neoplasms); *Measles, Whooping cough, Tetanus, Pulmonary tuberculosis, Cellular heart disease; Chronic interstitial pneumonia*. The contributory (secondary) or intercurrent conditions need not be stated unless important, e. g., *Septicæmia* (disease causing death), *20 ds.*; *Myocarditis* (secondary), *10 ds.* Never report mere symptoms of terminal conditions, such as "Asthenia," "Anæmia," "Convulsions," "Atrophy," "Collapse," "Coma," "Epilepsy," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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.)