

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

38265

PLACE OF DEATH
County Clark Co
Township London
or
Village
or
City Kahoka (NO. _____ St.; _____ Ward)

Registration District No. 190 File No. _____
Primary Registration District No. 4113 Registered No. 48

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

FULL NAME Mrs Mary Francis Hickerson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widow
(If write the word)

DATE OF BIRTH Dec 18, 1847 5, 1843
(Month) (Day) (Year)

AGE 71 yrs. 0 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE Olden Co. Kentucky
(City or town, State or foreign country) Near Laysong

NAME OF FATHER George W. Hoden Ballard

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

MAIDEN NAME OF MOTHER Emeline Bassett

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Nettie Ballard
(ADDRESS) Kahoka, Mo.

Filed Dec 10 1914 J. H. Diddes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 20, 1914, to Dec 9, 1914, that I last saw her alive on December 9, 1914, and that death occurred on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH* was as follows:

Rupture near Umbilicus, shock of
Rupture being out and being put back
Very weak heart. Bronchitis, tore mother
6 yrs ago. (Duration) 6 yrs. 0 mos. 0 ds.

Contributory Intestinal Catarrh,
(SECONDARY) was 7 yrs. (Duration) 15 yrs. _____ mos. _____ ds.

(Signed) Dr. W. C. Parry
Dec. 9, 1914 (Address) Kahoka, Mo.

*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? Kahoka, Mo.
Former or usual residence Kahoka, Mo.

PLACE OF BURIAL OR REMOVAL Kahoka, Mo. DATE OF BURIAL 12-11-1914

UNDERTAKER C. L. Fish ADDRESS Kahoka, 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, peritoneum*, 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.)

December 10"1914.

I presume that no one will ever know the cause of death in this case as the Osteopath insists that she died from shock due to the reduction of the hernia.

She was suffering his treatment about a week prior to her death, so the most reasonable assumption is: that she died from peritonitis (or shock) due to rupture of the hernia sack on account of gangrene or his rough treatment.

I issued the burial permit, with-out further investigation as I was sure no crime had been committed except the "crime of ignorance" on the part of the doctor?.

J.R.Bridges,
Local Registrar.

