

OCCUPATION is very important.

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

PLACE OF DEATH

County Franklin Co
Township Balls
or
Village Robertsville
or
City _____ (NO. _____)

Registration District No. 293 File No. 38501
Primary Registration District No. 5411 Registered No. 39
St. _____ Ward _____

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

FULL NAME Lee Ann Goode

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (If write the word)
DATE OF BIRTH <u>Sept 27, 1914</u> (Month) (Day) (Year)		
AGE <u>About 60</u> yrs. ___ mos. ___ ds.		IF LESS than 1 day; ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE
(City or town, State or foreign country) Union Mo

PARENTS	NAME OF FATHER <u>Don't know</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>
	MAIDEN NAME OF MOTHER <u>Phillis Pleasant</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Virginia</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank X Goode

(ADDRESS) Robertsville Mo

Filed Dec 24, 1914 H. B. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 21, 1914, to Dec 21, 1914, that I last saw her alive on Dec 20, 1914, and that death occurred, on the date stated above, at 12:39 am.
The CAUSE OF DEATH* was as follows:

Chole cystitis
11B
12.7B (Duration) ___ yrs. ___ mos. 10 ds.

Contributory La Grippe
(SECONDARY) (Duration) ___ yrs. ___ mos. 15 ds.
(Signed) G. P. Quinn M. D.
Dec 21, 1914 (Address) Hills Ridge 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? Stephen Co. Mo
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Family Cemetery DATE OF BURIAL 12/22, 1914

UNDERTAKER Schwarz ADDRESS Atarissa Mo

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 to be asked of each and every person, irrespective of age, is: What were his or her occupations during the year? List any occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Teacher, Shipyard fireman, etc.* But in many cases especially in industrial employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for further statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Teacher," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (and not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework, or At home*, and men, not gainfully employed, as *At school or At home.* It 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 removed from business, that fact may be indicated thus: *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 reference to time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, Pleurisy, 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 "Asithenia," "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.)