

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

Place of Death

STATE OF IOWA—Department of Vital Statistics

Reg No 81

1. County of Putnam
2. Township of Liberty
3. City or Town of Liberty (No. 720 P. 5951) Ward
4. FULL NAME Margaret A. Haskins

CERTIFICATE OF DEATH

If death occurred in a Hospital or Institution give its NAME instead of City and number.

5. SEX Female 6. COLOR White 17. DATE OF DEATH 1 Dec 19 1914 (Month) (Day) (Year)

7. DATE OF BIRTH Aug 10 1892 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from Nov 20 1914 to Nov 23 1914

8. AGE 70 Years, 4 Months, 9 Days that I last saw her alive on Nov 23 1914

9. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed and that death occurred on the date stated above, at 1:30

10. BIRTHPLACE (State or Country) Ohio 18. P. M. The CAUSE OF DEATH was as follows: 162 Was suffering from senile dementia when I saw her 189 (Duration) Days

11. NAME OF FATHER Hayes 19. (Signed) L. J. Sturdivant M. D. Dec 19 1914 20. (Address) Exhuma

12. BIRTHPLACE OF FATHER (State or Country) Ohio 21. SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

13. MAIDEN NAME OF MOTHER 22. PLACE OF BURIAL OR REMOVAL 23. DATE of BURIAL

14. BIRTHPLACE OF MOTHER (State or Country) Ohio 24. UNDERTAKER 25. ADDRESS

15. OCCUPATION 26. Where was disease contracted. if not at place of death?

The Above Stated Personal Particulars Are True to the Best of My Knowledge and Belief

16. (Informant) Nora Musgrove (Address) Mendota, Mo. 27. How long at Usual Residence. How long at Place of Death? Days

Filed Dec 21 - 1914 Ed Kalmer

1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960

1961

6

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATED UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

County Putnam
Township Liberty
or
Village
or
City (NO. _____ St.: _____ Ward)

Registration District No. 720 File No. _____
Primary Registration District No. 5951 Registered No. 81

FULL NAME Margaret Hopkins
[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE Widow
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH Aug. 10, 1892
(Month) (Day) (Year)

AGE 82 yrs. 4 mos. 9 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Ohio

PARENTS
NAME OF FATHER Mrs. Jones
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nora Musgrave
(ADDRESS) Mendota Mo.

Filed 1/29 1916 Ed. Latimer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11/20, 1914, to 11/23, 1914, that I last saw her alive on 11/23, 1914, and that death occurred, on the date stated above, at 1:30 p.m.

CAUSE OF DEATH* was as follows:
Was suffering from senile dementia when I saw her
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) 67
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. J. Sturdevant M. D.
Dec. 19, 1914 (Address) Exline 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?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Brown Cem DATE OF BURIAL Dec 20, 1914

UNDERTAKER Geo. L. Board ADDRESS Moulton

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, Housewife*, 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

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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.)