

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

PLACE OF DEATH

County Butler  
Township Ash Hill  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 925 File No. 317  
Primary Registration District No. 5734C Registered No. 1

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

FULL NAME Nancy James Taylor

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

DATE OF DEATH Jan - 3, 1915  
(Month) (Day) (Year)

DATE OF BIRTH June 4, 1834  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec-27, 1914, to Jan-2nd, 1915, that I last saw h alive on Dec 27, 1914, and that death occurred, on the date stated above, at 2:30 pm.

AGE 80 yrs. 6 mos. 29 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Senile

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

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(Duration) \_\_\_ yrs. 4 mos. 10 ds.

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

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) V. D. Greenhouse M. D.  
1-4-15 (Address) Fish

PARENTS  
NAME OF FATHER Mose Speck  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know  
MAIDEN NAME OF MOTHER Don't know  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

\*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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Quince Taylor  
(ADDRESS) Fish Mo

PLACE OF BURIAL OR REMOVAL Ash Hill DATE OF BURIAL 1-5-15 1915

Filed 1-4 1915 Wm. C. Green REGISTRAR

UNDERTAKER A. S. Rides ADDRESS Fish Mo

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.

# 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 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 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.)

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Butte  
Township Ash Hill  
or  
Village Wye mo  
or  
City \_\_\_\_\_

Registration District No. 92A File No. \_\_\_\_\_  
Primary Registration District No. 51349 Registered No. 1

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

FULL NAME Nancy James Taylor (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED W  
(If rit, the word)

DATE OF BIRTH June 4, 1845  
(Month) (Day) (Year)

AGE 8 yrs. 6 mos. 29 ds. IF LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min

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

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

PARENTS NAME OF FATHER Wm. Taylor BIRTHPLACE OF FATHER Don't know  
MAIDEN NAME OF MOTHER Don't know BIRTHPLACE OF MOTHER Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Quince Taylor  
(ADDRESS) Wye mo

Filed 14 1915 Quince Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3, 1915  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Satisfactory 1915 to Satisfied, 1915, that I last saw h. alive on 1915 and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH\* was as follows: Senile Old Age  
(Duration) 154 yrs. 4 mos. 10 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) V. L. Greenhouse M. D.  
14 1915 (Address) Wye 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 Satisfactory mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? Information  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Ash Hill DATE OF BURIAL 1-3-15 1915  
UNDERTAKER Dr. Pikes ADDRESS Wye mo

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