

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

1 PLACE OF DEATH
County Grundy
Township Frontier or Madison Registration District No. 336
Village Frontier or Madison Primary Registration District No. 336 File No. 64494
City Frontier (NO. 5453) Registered No. 8 Ward 8

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

2 FULL NAME Margaret Tate

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) widowed

6 DATE OF BIRTH Nov 27 1830
(Month) (Day) (Year)

7 AGE 84 yrs 2 mos 14 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Indiana

PARENTS
10 NAME OF FATHER Henry Carson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know
12 MAIDEN NAME OF MOTHER Rebecca Fowler
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M.A. Tate
(Address) Frontier Mo.

15 Filed Feb 11 1915 E. R. Deuffy Registrar
 Zion Church

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 11 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 10 1915 to Feb 11 1915 that I last saw her alive on Feb 10 1915 and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
La Grippe
11B
10
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None
(Duration) yrs. mos. ds.
(Signed) J. J. Fair M. D.
Feb 11 1915 (Address) Frontier, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 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

19 PLACE OF BURIAL OR REMOVAL Medical Cem. DATE OF BURIAL Feb 12 1915

20 UNDERTAKER R. H. Nemley & Co ADDRESS Frontier Mo

CAUSE OF DEATH properly classified 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, Composer, 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 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.)

B—Every item of information should be carefully supplied. PHYSICIANS should state the cause of death in plain terms, so that it may be properly classified. OCCURRING IN A HOSPITAL, give its NAME instead of street and number.

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

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

PLACE OF DEATH

County Lundy
 Township Madison
 Village _____
 or _____
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 326 File No. 3
 Primary Registration District No. 5H52 Registered No. 3
419383452

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

FULL NAME

Margaret Tate

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W.</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/> (Write the word) <u>Widowed</u>
DATE OF BIRTH <u>Nov. 27, 1830</u> (Month) (Day) (Year)		
AGE <u>84 yrs. 2 mos. 14 ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired H. W.</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>		
PARENTS	NAME OF FATHER <u>Henry Pearson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't Know.</u>	
	MAIDEN NAME OF MOTHER <u>Leigh Fowler</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't Know.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11, 1915
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 2-10, 1915, to 2-11, 1915, that I last saw her alive on 2-10, 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:
La Grippe
 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) none
 (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) F. Faust M. D.
2-11-15 (Address) Trenton 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. A. Tate
 (ADDRESS) Trenton Mo.

Filed Mar 20, 1915 J. G. McWeid
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Wedge Hill Cem DATE OF BURIAL Feb. 12, 1915
 UNDERTAKER R. H. Kenney & Co. ADDRESS Trenton Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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