

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

PLACE OF DEATH

County Dowling
Township Galusha
or North
Village North
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 983 File No. 15964
Primary Registration District No. 5534 Registered No. 16

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

FULL NAME Mary Jane Blake

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female **COLOR OR RACE** White **SINGLE MARRIED WIDOWED OR DIVORCED** Married
(Write the word)

DATE OF DEATH May-26- 1915
(Month) (Day) (Year)

DATE OF BIRTH Feb-22- 1887
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 4-9- 1915, to 6/26- 1915, that I last saw her alive on 4/25- 1915, and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:

AGE 28 yrs. 3 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?

disease of heart
92A
15B
1530 (Duration) yrs. mos. ds.

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

Contributory Leg ulcers
(SECONDARY) (Duration) 2 yrs. mos. ds.

BIRTHPLACE Paganford Ind
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Ely andu Page
BIRTHPLACE OF FATHER In South
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Maude Know
BIRTHPLACE OF MOTHER Maude Know
(City or town, State or foreign country)

(Signed) J. P. Parrell M. D.
6/25- 1915 (Address) Mo. Dr. W. Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) A. F. Page
(ADDRESS) Mo. View Mo

Where was disease contracted If not at place of death?
Former or usual residence _____

Filed May 27 1915 M. Anderson
REGISTRAR

PLACE OF BURIAL OR REMOVAL Mo View Mo **DATE OF BURIAL** May 27 1915
UNDERTAKER J. C. Wynn **ADDRESS** Mo View 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, 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.)

This certificate may be properly classified. Extra statement is very important.

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

1 PLACE OF DEATH
County Howell
Township Goldshumy
or
Village
or
City

Registration District No. 383 File No.
Primary Registration District No. 5534 Registered No. 16
(NO. St. Ward)

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

2 FULL NAME Mary Jane Sike

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

6 DATE OF BIRTH Feb 22 - 1837
(Month) (Day) (Year)

7 AGE 78 yrs. 3 mos. 4 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Logans Port Ind

10 NAME OF FATHER Alexander Page

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) The South

12 MAIDEN NAME OF MOTHER Went-Know

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Went-Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. J. Page
(Address) Mtn View Mo

15 5/27 1915 J. M. Anderson
Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 26 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from April 4 1915 to May 26 1915
that last saw her alive on April 4 1915
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:
Disease of Heart
Mitral Regurgitation
(Duration) yrs. mos. ds.

CONTRIBUTORY Leg ulcers
(Secondary) (Duration) 2 yrs. mos. ds.
(Signed) J. E. Burns M. D.
5/27 1915 (Address) Mtn View 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 Went-Know

19 PLACE OF BURIAL OR REMOVAL Mountain View Mo DATE OF BURIAL May 27 1915

20 UNDERTAKER J. C. Wynn Koop ADDRESS Mtn View Mo

Original file, date. MAY - 1915, 19.

All information called for must be written on this Supplementary Certificate

Revised United States Standard of Death

Census and An- Public Health
[ation]

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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 inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *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.)

15-9651