

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

28313

PLACE OF DEATH
County Oregon
Township Ozark
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1119
Primary Registration District No. 6278
File No. _____
Registered No. _____

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

FULL NAME No name

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)

DATE OF DEATH Sept 12, 1915
(Month) (Day) (Year)

DATE OF BIRTH Sept 12, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

AGE 0 0 0 if LESS than 1 day, 0 hrs. or 10 min.?
yrs. mos. ds.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer) 0

Unknown
158 (Duration) 18 yrs. 1 mos. 0 ds.

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

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

PARENTS NAME OF FATHER A J Rackley

(Signed) _____ M. D. _____ 191____ (Address) _____

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

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

MAIDEN NAME OF MOTHER Gertie Mitchell

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Francis Davis

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

(ADDRESS) Bardley Mo
Filed Sept 9, 1915 J. T. Hufstedter REGISTRAR

PLACE OF BURIAL OR REMOVAL Bardley Mo DATE OF BURIAL Sept 13, 1915

UNDERTAKER Neighbors ADDRESS Bardley 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

[Approved by U. S.]

Statement of occupation is very important. Fullness of various information applies to each age. For many of the first line will be *Physician, Composer, Civil engineer, Stationary* cases, especially in necessary to know (a) nature of the business; additional line is preferred should be used on: *Spinner, (b) Cotton (a) Foreman, (b) Carriage maker, (c) Tailor, (d) Printer, (e) Blacksmith, (f) Shoemaker, (g) Saddler, (h) Cabinet-maker, (i) Jeweler, (j) Watchmaker, (k) Gunsmith, (l) Harness-maker, (m) Bookbinder, (n) Paper-maker, (o) Stationer, (p) Stationer, (q) Stationer, (r) Stationer, (s) Stationer, (t) Stationer, (u) Stationer, (v) Stationer, (w) Stationer, (x) Stationer, (y) Stationer, (z) Stationer.* Never return "Laborer," "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, Sar-*

coma, 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.)

