

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

D. Taylor

1 PLACE OF DEATH

County *Jasper*

Township *Marion*

Village *Carthage*

City *Carthage*

Registration District No. *468*

File No. *37501*

Primary Registration District No. *9020*

Registered No. *180*

(NO. *707* Case *Case* St.: Ward)

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

2 FULL NAME

Julia Et Hamel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *Nov 26 1865*
(Month) (Day) (Year)

7 AGE *50* yrs. mos. 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 (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Texas*

10 NAME OF FATHER *Adams*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Don't know*

12 MAIDEN NAME OF MOTHER *Don't know*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Don't know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John E. Gault*
(Address) *Carthage, Mo.*

15 Filed *Dec 20 1915* *W. E. Gault*
Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 20 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Nov 26 1915* to *Dec 16 1915*
that I last saw him alive on *Dec 16 1915*
and that death occurred, on the date stated above, at *1 a.m.*
The CAUSE OF DEATH* was as follows:

Cancer of the Peritoneum

(Duration) *1* yrs. *1* mos. ds.

CONTRIBUTORY (Secondary) *W*

(Duration) *1* yrs. *1* mos. ds.

(Signed) *D. Taylor* M. D.

Dec 16 1915 (Address) *Carthage, 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 *1* yrs. *1* mos. ds. In the State *1* yrs. *1* mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence *mo*

19 PLACE OF BURIAL OR REMOVAL *Park Cemetery* DATE OF BURIAL *Dec 20 1915*

20 UNDERTAKER *Full Undert Co* ADDRESS *Carthage*

United States Standard Certificate of Death

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

of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-rious pursuits can be known. The question each and every person, irrespective of age, occupations a single word or term on the first sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Mechanic, etc.* But in many cases, especially in employments, it is necessary to know (a) the nature and also (b) the nature of the business or occupation; therefore an additional line is provided for statement; it should be used only when needed.

(a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Foreman, (c) Automobile factory.* The statement may form part of the second statement return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (e. g., *Housekeepers* who receive a definite salary), and as *Housewife, Housework, or At home,* and gainfully-employed, as *At school or At home.* It should be taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been given up on account of the DISEASE CAUSING occupation at beginning of illness. If re-usable, that fact may be indicated thus: *Occupation, 6 yrs.*) For persons who have no occupation, write *None.*

Statement of cause of death.—Name, first, the CAUSE OF DEATH (the primary affection with re-lation and causation), using always the same name for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever (never report "Typhoid pneumonia; *Bronchopneumonia* ("Pneumonia, is indefinite); *Tuberculosis of lungs, Meningitis, 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), *20 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," "Injury," "Shock," "Uraemia," etc. A definite disease can be ascertained and qualify all diseases resulting in death, as "PUERPERAL sepsis," "Peritonitis," etc. State cause of death if one was undertaken. For VIOLENT INJURY and qualify as ACCIDENTAL, or as *probably* such, 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.)

MISSOURI
BUREAU OF
COMMISSIONERS OF HEALTH

No. _____
St. _____
R. _____

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

Typhoid pneumonia; Bronchopneumonia; Tuberculosis of lungs; Meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of