

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.

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

PLACE OF DEATH
 County Iron
 Township Wanda Registration District No. 391 File No. 1358
 or Village Iron Primary Registration District No. 4430 Registered No. 6
 or City Pranton (NO. _____) St.: _____ Ward _____

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

FULL NAME Mary A. Lowery

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec 24, 1883
 (Month) (Day) (Year)

AGE 82 yrs. 1 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) White Co. Ills.

NAME OF FATHER Edwin Hawthorn

BIRTHPLACE OF FATHER (City or town, State or foreign country) not known

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Colver
 (ADDRESS) Pranton

Filed Jan 25th 1916 Robert P. Rasche
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25, 1916
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 24, 1916, to Jan 25, 1916, that I last saw her alive on Jan 24, 1916, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

La Grippe
11 1/2
1 1/2 (Duration) yrs. mos. 7 ds.

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

(Signed) Geo. Farrar M. D.
Jan 25, 1916 (Address) Pranton 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 _____

PLACE OF BURIAL OR REMOVAL RIP. cemetery DATE OF BURIAL Jan 26 1916

UNDERTAKER John Albert ADDRESS Pranton Mo.

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.

..... a single word or term on the first
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at home, who are engaged in 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 re-
 tired from business, that fact may be indicated thus:
Farmer (retired, 6 yrs.) For persons who have no occupa-
 tion whatever, write *None*.

Statement of cause of death.—Name, first, the
 DISEASE CAUSING DEATH (the primary affection with re-
 spect to time and causation), using always the same
 accepted term for the same disease. Examples: *Cere-
 brospinal fever* (the only definite synonym is "Epidemic
 cerebrospinal meningitis"); *Diphtheria* (avoid use of
 "Croup"); *Typhoid fever* (never report "Typhoid pneu-
 monia"); *Lobar pneumonia; Bronchopneumonia* ("Pneu-
 monia," 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.)