

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state country, birthplace, and date of birth.

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

1 PLACE OF DEATH
County St. Francois

Township _____
or _____

Village _____
or _____

City Farmington (NO. _____ St. _____ Ward _____)

Registration District No. 773

File No. 3183-A

Primary Registration District No. 7464

Registered No. 397

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

2 FULL NAME Mrs. Martha A. Saunders

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widow

16 DATE OF DEATH January 27, 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Unknown 1830
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 26, 1914 to Jan. 27, 1916, that I last saw her alive on Jan 27, 1916, and that death occurred, on the date stated above, at 12:10 p.m.

7 AGE 86 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

8 OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer)

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9 BIRTHPLACE (City or town, State or foreign country) La.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

10 NAME OF FATHER Unknown

(Signed) W. G. Patton M. D. 1-27 1916 (Address) Farmington Mo.

11 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.

12 MAIDEN NAME OF MOTHER Unknown

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

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

At place of death 1 yrs. 4 mos. 1 ds. In the State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?

(Informant) Beards state Hospital Mo. (Address) Farmington Mo.

Former or usual residence _____

15 Filed Jan 29, 1916 D. B. B. Downing Registrar

19 PLACE OF BURIAL OR REMOVAL St. Andrew's Church DATE OF BURIAL Jan 27, 1916

20 UNDERTAKER A. Miller ADDRESS Don Farmington 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. 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.)

Items 6, 9, 10, 11 & 12 amended by affidavit of Great-granddaughter 9-8-87

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

1 PLACE OF DEATH
County St. Francis
Township
Village
City Farmington (NO. St. Ward)

Registration District No. 773 File No. 3183-A
Primary Registration District No. 7464 Registered No. 397

2 FULL NAME Mrs. Martha A. Saunders
Martha Ann Pettit Saunders

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 MARRIAGE STATUS widow
6 DATE OF BIRTH May 16, 1829
Unknown (Month) (Day) (Year)
7 AGE 86 yrs. mos. da. If LESS than 1 day... hrs. or min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Millikin Bend, East Carroll Parish, La., Louisiana

10 NAME OF FATHER William McDowell Pettit

11 BIRTHPLACE OF FATHER Lexington, Kentucky

12 MARRIAGE NAME OF MOTHER Annie Madden Cook

13 BIRTHPLACE OF MOTHER Libertyville Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant: Records State Hospital Mo.)
(Address: Farmington Mo.)

15 Filed Jan 29 1916 D. B. R. Dunning Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 22, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 26, 1914 to Jan 27, 1916, that I last saw her alive on Jan 27, 1916, and that death occurred, on the date stated above, at 7:0 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
131 yrs. mos. da. 120

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.
(Signed) W. G. Patton M. D.
1-27, 1916 (Address) Farmington Mo.

*State the Disease Causing Death, or, in death 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. 4 mos. 1 da. In the State yrs. mos. da.

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

19 DATE OF BURIAL Jan 27, 1916

20 UNDERTAKER A. N. Nutter Don Farmington Mo.

Verified by marriage license of Martha A. Pettit 4-21-1845