

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

1 PLACE OF DEATH

County Harrison
Township Butler
or
Village
or
City

Registration District No. 1012 File No. 6211
Primary Registration District No. 5480 Registered No. 2
(NO. St. Ward)

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

2 FULL NAME Nancy Jane Burton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH <u>September 2</u> 18 <u>45</u> (Month) (Day) (Year)		
7 AGE <u>69</u> yrs. <u>5</u> mos. <u>2</u> ds.		IF LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Darviss - Co</u>		
PARENTS	10 NAME OF FATHER <u>Henry Thomas</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Greenbryer W. Va</u>	
	12 MAIDEN NAME OF MOTHER <u>Mary McMillion</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eva E. Druffey
(Address) McFall Mo

15 Filed Feb 25 1916 Robert Reid
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 25 1916
(Month) (Day) (Year)

17 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 12:45 a.m.

The CAUSE OF DEATH* was as follows:
Acute Cordiac Dilatation
Died before arrival
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) R. J. Grass M. D.
Feb 25 1916 (Address) McFall 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.....

19 PLACE OF BURIAL OR REMOVAL Central Burial Cem DATE OF BURIAL Feb 26 1916

20 UNDERTAKER Wrest Ellis ADDRESS Pattersonburg Mo.

N. B.—Every item of information should be carefully supplied. AGE should be carefully supplied. AGE should be carefully supplied. AGE should be carefully supplied. 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

and therefore an additional line is provided for statement; it should be used only when needed.

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*,

(a) *Foreman*, (b) *Automobile factory*. The

indicated on may form part of the second statement to be returned "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 and *Housekeepers* who receive a definite salary),

should be reported as *Housewife, Housework*, or *At home*, and

if gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations

in which the person was engaged in domestic service for wages, as *Servant, Housemaid*, etc. If the occupation has been 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, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ; "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.)

19 PLACE OF BURIAL OR REMOVAL	20 UNDERTAKER
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