

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Douglas
 Township Miller
 or Village
 or City
 FULL NAME Magge R. Peebles

Registration District No. 1066
 No. 97586
 Date of Death Mar 8 1916
 I HEREBY CERTIFY, that I attended deceased from Mar 6 1916 to Mar 8 1916
 and that death occurred, on the date stated above, at 11:00 am
 The CAUSE OF DEATH* was as follows:
Pericarditis Acute

PERSONAL AND STATISTICAL PARTICULARS:
 SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MEDICAL CERTIFICATE OF DEATH
 DATE OF DEATH Mar 8 1916
 I HEREBY CERTIFY, that I attended deceased from Mar 6 1916 to Mar 8 1916
 and that death occurred, on the date stated above, at 11:00 am
 The CAUSE OF DEATH* was as follows:
Pericarditis Acute

DATE OF BIRTH August 27 1872
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 6 1916 to Mar 8 1916
 and that death occurred, on the date stated above, at 11:00 am
 The CAUSE OF DEATH* was as follows:
Pericarditis Acute

AGE 43
 IF LESS than (day, hrs. or min.)

I HEREBY CERTIFY, that I attended deceased from Mar 6 1916 to Mar 8 1916
 and that death occurred, on the date stated above, at 11:00 am
 The CAUSE OF DEATH* was as follows:
Pericarditis Acute

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

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 and that death occurred, on the date stated above, at 11:00 am
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Pericarditis Acute

BIRTHPLACE
 (City or town, State or foreign country) Augusta Co Virginia

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 and that death occurred, on the date stated above, at 11:00 am
 The CAUSE OF DEATH* was as follows:
Pericarditis Acute

NAME OF FATHER Christopher Clark

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

BIRTHPLACE OF FATHER Augusta Co Virginia

(Signed) H M Hamilton M. D.
 (Address) Manassas

MAIDEN NAME OF MOTHER Auranda Huff

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

BIRTHPLACE OF MOTHER Augusta Co Virginia

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death - yrs. mos. ds. In the State - yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Marie Lutzinger

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

(ADDRESS) Manassas Md

PLACE OF BURIAL OR REMOVAL Grave Hollow
 DATE OF BURIAL 3-9 1916

Filed 3-10-1916
 REGISTRARS

UNDERTAKER Wright
 ADDRESS

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 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," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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.)