

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

13107

1 PLACE OF DEATH  
County Shelby  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Clarence

Registration District No. 827  
Primary Registration District No. 46th

File No. \_\_\_\_\_  
Registered No. 18

(NO. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

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

2 FULL NAME Martha Ann Hyatt

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 Jan 29, 1916  
(Month) (Day) (Year)

6 DATE OF BIRTH June 16, 1840  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 11, 1915, to Jan 29, 1916.  
that I last saw her alive on Jan 29, 1916,  
and that death occurred, on the date stated above, at 9 P m.

7 AGE 75 yrs. 7 mos. 13 ds.  
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Tuberculosis  
23A  
(Duration) 2 yrs. 2 mos. 2 ds.

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

CONTRIBUTORY (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. B. Daniel M. D.  
Feb 12, 1916 (Address) Clarence Mo

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

10 NAME OF FATHER Ambros. Edwards  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Douk Keown  
12 MAIDEN NAME OF MOTHER Tabetha Selph  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Douk Keown

\*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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Chas. Ridings  
(Address) Clarence, Mo.

15 Filed Feb 9, 1916, W. M. Boyliss Registrar

19 PLACE OF BURIAL OR REMOVAL Maplewood Cemetery DATE OF BURIAL Feb 7, 1916  
20 UNDERTAKER E. E. Hopper ADDRESS Clarence 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, Composer, 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, 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.)

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH *Shelby*  
 County *Shelby* REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW  
 Certificate of Death  
 Township or Village or City *Clarence* Registration District No. *821* File No. *18*  
 Primary Registration District No. *4500* Registered No. *18*  
 City *Clarence* (No. *NO*) St. *Clarence* Ward *18*  
 2 FULL NAME *Martha Ann Hyatt* (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>F</i>	4 COLOR OF RACE <i>W.</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>W.</i>	16 DATE OF DEATH <i>Jan. 29 1916</i>	
6 DATE OF BIRTH			17 I HEREBY CERTIFY, that I attended deceased from	
(Month) (Day) 1 (Year)			191 to 191	
7 AGE			that I last saw h alive on 191	
yrs. mos. ds.			and that death occurred, on the date stated above, at m.	
8 OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work			<i>Tuberculosis of the lungs</i>	
(b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) yrs. 2 mos. ds.	
9 BIRTHPLACE (City or town, State or foreign country)			CONTRIBUTORY (Secondary)	
10 NAME OF FATHER			(Duration) yrs. mos. ds.	
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)			(Signed) <i>Clarence M.</i>	
12 MAIDEN NAME OF MOTHER			2-12 1916 (Address) <i>Clarence Mo.</i>	
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	
(Informant)			At place of death yrs. mos. ds. In the State yrs. mos. ds.	
(Address)			Where was disease contracted if not at place of death?	
15 <i>March 7 1916</i>			Former or usual residence	
Filer <i>W. M. Bayles</i> Registrar			19 PLACE OF BURIAL OR REMOVAL	
			DATE OF BURIAL <i>25 7 1916</i>	
			20 UNDERTAKER <i>B. B. Hopper</i> ADDRESS <i>Clarence, Mo.</i>	

SUPPLEMENTARY

GROSS OF DEATH IN PHIM TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

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13107

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