

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

1 PLACE OF DEATH

County Ray

Township _____
or _____

Village _____
or Richmond

City _____ (NO. _____)

Registration District No. 744

File No. 25509

Primary Registration District No. 3035

Registered No. 462

St. _____ Ward _____

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

2 FULL NAME Martha A. Young

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIED MARRIED
WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH 6/7/66 4 847
(Month) (Day) (Year)

7 AGE 69 4 29
yrs. mos. ds. If LESS than 1 day...hrs. or...min.?

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)

9 BIRTHPLACE (City or town, State or foreign country) Tennessee

PARENTS 10 NAME OF FATHER James Tuttle
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee
12 MAIDEN NAME OF MOTHER Mary Smith
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James A. Tuttle
(Address) Richmond Mo.

15 Filed July 4, 1916 J. J. Hunt
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 1 1916 to July 3 1916
that I last saw h. alive on July 3 1916
and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Deletation of Heart
95B
BC
1/4
(Duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY Septicemia
(Secondary) (Duration) 3 yrs. 3 mos. 3 ds.
(Signed) R. J. Hargett M. D.
July 5, 1916 (Address) Richmond 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 City Cemetery DATE OF BURIAL 7/5 1916

20 UNDERTAKER W. Mansur ADDRESS Richmond Mo.

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, WITH UNCHANGING NAME THIS IS A PERMANENT RECORD

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) *Grocery*, (b) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the statement. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification: *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons 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*. For children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, e. g., *Ant*, *Cook*, *Housemaid*, etc. If the occupation has changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. For persons retired from business, that fact may be indicated thus: *Farmer (retired, 8 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 "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Uraemia," "Weakness," etc., when a cause can be ascertained as the cause. Always state cases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL State cause for which surgical operation was performed." For VIOLENT DEATHS state MEANS OF DEATH as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, if possible; if impossible to determine the means, state the circumstances: *Accidental drowning*; *Struck by falling object*; *Revolver wound of head—homicide*; *Acid—probably suicide*. The nature of the fracture of skull, and consequences (e. g., *Fracture of skull*) may be stated under the head of "Contributory causes."

Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)