

PLACE OF DEATH

County Cooper
 Township Otterville
 Village _____
 City _____

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

Registration District No. 27 File No. 30767
 Primary Registration District No. 5389 Registered No. _____

 FULL NAME Louisa Clark

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE^a united
 MARRIED united
 WIDOWED united
 OR DIVORCED united
 (Write the word)

DATE OF BIRTH Apr 14, 1838
 (Month) (Day) (Year)

AGE 77 yrs. 4 mos. 19 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION Housewife
 (a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) good

BIRTHPLACE Christiana Co, Ky
 (City or town, State or foreign country)

NAME OF FATHER Henry Meyers

BIRTHPLACE OF FATHER Christiana Co Ky
 (City or town, State or foreign country)

MAIDEN NAME OF MOTHER Sidney Thompson

BIRTHPLACE OF MOTHER Christiana Co Ky
 (City or town, State or foreign country)

I HEREBY CERTIFY THAT ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Significant) E L Rice

RESIDENCE (ADDRESS) Otterville Mo

Filed 9/14 1916 R L Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3, 1916
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 28, 1916, to Sept 2, 1916, that I last saw her alive on Sept 2, 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH[†] was as follows:
Stroke poisoning
1301
13010
 (Duration) _____ yrs. _____ mos. 6 ds.

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

(Signed) R L Fogle M. D.
9/14, 1916 (Address) Otterville

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

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 _____

PLACE OF BURIAL OR REMOVAL Otterville cemetery DATE OF BURIAL Sept 4, 1916

UNDERTAKER J L Spicers ADDRESS Otterville Mo

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

PLACE OF DEATH

County _____ Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. _____
 or Village _____ St. _____ Ward _____
 or City _____ (NO. _____) _____
 (If death in hospital or institution give its NAME instead of street and _____)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX _____	COLOR OR RAGE _____	SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word)
DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year) _____	AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min. ?	

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

BIRTHPLACE _____
 (City or town, State or foreign country)

NAME OF FATHER _____

BIRTHPLACE OF FATHER _____
 (City or town, State or foreign country)

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER _____
 (City or town, State or foreign country)

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

(ADDRESS) _____

Filed _____ 191____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____
 (Month) _____ (Day) _____
 I HEREBY CERTIFY, that I attended deceased _____, 191____, to _____
 that I last saw him _____ alive on _____
 and that death occurred, on the date stated above, at _____
 The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY) _____
 (Signed) _____ (Duration) _____ yrs. _____ mos. _____
 _____ (Duration) _____ yrs. _____ mos. _____
 _____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Injury, and (2) whether Accidental, Societal, or Homicidal.
 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVEL RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

UNDERTAKER _____ 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Cooper
Township Otterville
or
Village
or
City (NO. St. Ward)

REGISTRARS SHALL NOT RECEIVE
A FEE FOR CERTIFICATES UNTIL THEY
ARE COMPLETED AS PRESCRIBED BY
LAW

Registration District No. 221 File No.
Primary Registration District No. 5312 Registered No.

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

2 FULL NAME Louisa Clark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fm. 4 COLOR OF RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow.
6 DATE OF BIRTH Satisfactory Information Supplied.
7 AGE Satisfactory Information Supplied. If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)
9 BIRTHPLACE (City or town, State or foreign country)

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15 Filed 9/4 1916 A. L. Fogle Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 3 1916
(Month) (Day) (Year)
17 I HEREBY CERTIFY that I attended deceased from Satisfactory Information Supplied.
that I last saw him... alive on... 191...
and that death occurred, on the date stated above... m.
The CAUSE OF DEATH* was as follows:
Uraemic Poisoning
Chronic Nephritis
(Duration) 120 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) A. L. Fogle M.D.
9/4 1916 (Address) Otterville, 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 DATE OF BURIAL Satisfactory Information Supplied.
20 UNDERTAKER ADDRESS

SUPPLEMENTARY CERTIFICATE

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, peritonacum, 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), 29ds.; *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 septichaemia," "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.)