

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

31577

1 PLACE OF DEATH  
County *Johnson*  
Township *Rose Hill*  
or  
Village  
or  
City

Registration District No. *437* File No.  
Primary Registration District No. *5394* Registered No. *7*

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

2 FULL NAME *Mary Ann Fulton*

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Aug 30 1916*  
(Month) (Day) (Year)

6 DATE OF BIRTH *Feb 19 1840*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Aug 29 1916* to *Aug 30 1916* that I last saw her alive on *Aug 30 1916* and that death occurred, on the date stated above, at *12* m.

7 AGE *76 yrs 6 mos 10 ds.* If LESS than 1 day, hrs; or min.?

The CAUSE OF DEATH\* was as follows:

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

*Acute Indigestion*

9 BIRTHPLACE (City or town, State or foreign country) *Johnson Co Mo*

(Duration) yrs. mos. ds.

10 NAME OF FATHER *Mrs P. Stiles*

CONTRIBUTORY (Secondary)

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Tenn*

(Signed) *J. Sheffer* M. D.

12 MAIDEN NAME OF MOTHER *Sarah Lowery*

*Aug 31 1916* (Address) *Holden Mo*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Kentucky*

\*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) *M. F. Stiles*  
(Address) *Holden Mo.*

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

15 Filed *Sept 12 1916* *J. Sheffer*  
Registrar

19 PLACE OF BURIAL OR REMOVAL *Holden Cemetery* DATE OF BURIAL *Sept 1 1916*

20 UNDERTAKER *M. Goodman* ADDRESS *Holden 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*, *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," "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.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHISICIAN'S SIGNATURE should be stated EXACTLY. PHISICIAN'S SIGNATURE should be stated EXACTLY. PHISICIAN'S SIGNATURE should be stated EXACTLY.

1 PLACE OF DEATH

County Johnson  
Township Rose Hill  
or  
Village  
or  
City

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

Registration District No. H 31 File No.  
Primary Registration District No. 5594 Registered No. 1  
(No. St. Ward)

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

2 FULL NAME

Mary Ann Fulton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED W  
(Write the word)  
6 DATE OF BIRTH (Month) (Day) 1 (Year)  
7 AGE 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)  
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)

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

15 Filed Sept 12 1916 J. J. Sheffer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) 1916  
17 I HEREBY CERTIFY, that I attended the deceased from (Date) to (Date) 1916  
that I last saw him alive on (Date) 1916  
and that death occurred, on the date stated above, at  
The CAUSE OF DEATH\* was as follows:  
Acute Indigestion with heart failure  
(Duration) 10 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.  
(Signed) J. J. Sheffer M. D.  
8-31-1916 (Address) Holden, Mo.

\*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

19 PLACE OF BURIAL OR REMOVAL (DATE OF BURIAL) 1916  
20 UNDERTAKER ADDRESS

SUPPLEMENTARY INFORMATION

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

7-7-1915

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*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), *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 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.)