

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

1 PLACE OF DEATH

County Hall
Township ~~Union~~
or
Village Craig
or
City (NO. _____) St. _____ Ward _____

Registration District No. 349 File No. 37477
Primary Registration District No. 4215 Registered No. 23

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

2 FULL NAME

Elizabeth Meek

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
6 DATE OF BIRTH <u>Oct 23 1874</u> (Month) (Day) (Year)		
7 AGE <u>75</u> yrs. <u>0</u> mos. <u>21</u> ds.		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Clinton Co Mo</u>		
PARENTS	10 NAME OF FATHER <u>Abraham Sharp</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>	
	12 MAIDEN NAME OF MOTHER <u>Caroline Elliott</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J. S. Mathey
(Address) Craig Mo

15

Filed Nov 13, 1916 J. M. Davis
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Nov 13, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 15, 1916, to Nov 13, 1916, that I last saw her alive on Nov 12, 1916, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* was as follows:

Valvular Insufficiency of the heart with evidence of liver

112

(Duration) 1 yrs. 3 mos. 2 ds.

CONTRIBUTORY Paralytic Gaugue of right leg
(Secondary) (Duration) 7 yrs. 7 mos. 7 ds.

(Signed) J. M. Davis M. D.
Nov 13, 1916 (Address) Craig 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 Mound Hope (Mound City) DATE OF BURIAL Nov 15, 1916

20 UNDERTAKER C. W. Davis ADDRESS Craig 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*, *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*, *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 "Asihenia," "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.)

PLACE OF DEATH:

County Holt
 Township Craig
 Village Craig
 City NO

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

CERTIFICATE OF DEATH

Registration District No. 369 File No. 37477
 Primary Registration District No. 4271 Registered No. 93

FULL NAME

Elizabeth Meek

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 23 1874
(Month) (Day) (Year)

7 AGE 75 yrs 0 mos 21 da. 8 IF LESS than 1 day or less?

9 OCCUPATION (a) Trade, profession, or particular kind of work House keeper 1245
 (b) General nature of industry, business or establishment in which employed (or employer) 1032A

10 BIRTHPLACE (City or town, State or foreign country) Winton or Mo.

PARENTS
 10 NAME OF FATHER WILLIAM ADAM SHARE
 11 BIRTHPLACE OF FATHER Kentucky
 12 MAIDEN NAME OF MOTHER Caroline Elliott
 13 BIRTHPLACE OF MOTHER Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs J. S. Mathey
 (Address) Craig Mo.

15 Filed Nov 13 1914 G. W. Davis
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 13 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 13 1914 to Nov 13 1914
 that I last saw her alive on Nov 12 1914
 and that death occurred on the date stated above, at 10:40 AM

THE CAUSE OF DEATH was as follows:
Valvular Insufficiency Heart & Kidney
113
 (Duration) 1 yrs 0 mos 0 da.

CONTRIBUTORY Thrombotic Gangrene of right leg
 (Secondary) (Duration) 7 yrs 0 mos 0 da.
 (Signed) G. W. Davis M. D.
Nov 13 1914 (Address) Craig Mo.

State the Disease Causing Death (1) if from Violent Cause, such as (1) Force of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death 0 yrs 0 mos 0 da. In the State 0 yrs 0 mos 0 da.
 Where was disease contracted if no at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Craig Mo. DATE OF BURIAL Nov 15 1914
 20 UNDERTAKER G. W. Davis ADDRESS Craig Mo.

Item # 10 corrected by an affidavit from a grandson 7-17-84