

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38331

1 PLACE OF DEATH
County Nodaway
Township Hopkins Registration District No. 6245 File No.
or
Village Primary Registration District No. 4375 Registered No. 23
or
City Hopkins (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha M. Buzzard

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	16 DATE OF DEATH <u>Nov 1</u> (Month) (Day) (Year) 191 <u>6</u>	
6 DATE OF BIRTH <u>Dec 25</u> 1 <u>839</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>10/28</u> 191 <u>6</u> to <u>Oct 31</u> 191 <u>6</u> , that I last saw her alive on <u>Oct 31</u> 191 <u>6</u> , and that death occurred, on the date stated above, at <u>4:15A</u> am.	
7 AGE <u>76</u> yrs. <u>10</u> mos. <u>6</u> ds.		8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u> <u>82A</u> (Duration) yrs. mos. <u>2</u> ds.	
9 BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>			CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Louis Carter</u>		(Signed) <u>C. W. [Signature]</u> M. D.	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>		11/1 191 <u>6</u> (Address) <u>Hopkins</u>	
	12 MAIDEN NAME OF MOTHER <u>Delilah Tarlington</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>		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) <u>Levir Buzzard</u> (Address) <u>Hopkins</u>				
15 Filed <u>11/1</u> 191 <u>6</u>		19 PLACE OF BURIAL OR REMOVAL <u>Nodaway mhp</u> 20 UNDERTAKER <u>O. Taylor</u> DATE OF BURIAL <u>11/1</u> 191 <u>6</u> ADDRESS <u>Hopkins</u>		

Registrar

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), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "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.)

B-1-Form 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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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

1 PLACE OF DEATH
 County Madway
 Township Hopkins
 or Village Hopkins
 or City Hopkins (NO. St. Ward)

Registration District No. 624 File No.
 Primary Registration District No. 1375 Registered No. 23

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

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>M</u>	6 DATE OF DEATH 191 <u>6</u>
8 DATE OF BIRTH (Month) <u> </u> (Day) <u>1</u> (Year) <u> </u>		17 I HEREBY CERTIFY, that I attended deceased from that I last saw him alive on <u> </u> 191 <u> </u> and that death occurred, on the date stated above, at <u> </u> m. The CAUSE OF DEATH* was as follows: <u>Central Nervous system apoplexy</u>	
7 AGE yrs. <u> </u> mos. <u> </u> ds. <u> </u>		IF LESS than 1 day... hrs. <u> </u> or... min. <u> </u>	
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)		

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (Month) <u> </u> (Day) <u> </u> (Year) <u> </u>	17 I HEREBY CERTIFY, that I attended deceased from that I last saw him alive on <u> </u> 191 <u> </u> and that death occurred, on the date stated above, at <u> </u> m. The CAUSE OF DEATH* was as follows: <u>Central Nervous system apoplexy</u>
CONTRIBUTORY (Secondary) (Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds. (Signed) <u> </u> M. D. 191 <u>6</u> (Address) <u>Hopkins</u>	
*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 <u> </u> yrs. <u> </u> mos. <u> </u> ds. In the State <u> </u> yrs. <u> </u> mos. <u> </u> ds. Where was disease contracted if not at place of death? Former or usual residence <u> </u>	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL <u> </u> 191 <u> </u>
20 UNDERTAKER	ADDRESS

SUPPLEMENTARY INFORMATION SUPPLIED

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant)
 (Address)
 15 Filed 1916
 Registrar

Original file, date Nov 7, 1916 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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 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.)