

1 PLACE OF DEATH

County BuchananMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICSCERTIFICATE OF DEATH **42053**Township
orRegistration District No. 80

File No.

Village
orPrimary Registration District No. 1001Registered No. 1319City St. Joseph(NO. State Hospital #2 St. Ward)

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

²FULL NAME Catherine K. Lampson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 ~~STATUS~~ MARRIED WIDOWED OR DIVORCED (Write the word) widow6 DATE OF BIRTH Unknown 1 (Month) (Day) (Year)7 AGE 80 yrs. X mos. X 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) England10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. L. Underwood
(Address) State Hospital No. 215 Filed Dec 30, 1916 Dorothy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 27, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Feb 17, 1916, to Dec 27, 1916, that I last saw h. e. alive on Dec 27, 1916, and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia
Nephritis191
84 / 170 (Duration) yrs. 3 mos. 16 ds.CONTRIBUTORY Exhaustion
(Secondary) (Duration) 2 yrs. 2 mos. 28 ds.(Signed) M. L. Underwood M. D.
Dec 27, 1916. (Address) St. Joseph, 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 2 yrs. 2 mos. 28 ds. In the State 2 yrs. 2 mos. 28 ds.Where was disease contracted Unknown
if not at place of death?Former or usual residence Unknown19 PLACE OF BURIAL OR REMOVAL St. Marys County DATE OF BURIAL Dec 30, 191620 UNDERTAKER Fleeman Heston ADDRESS 1208 Francis St

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 "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.)