

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

1 PLACE OF DEATH

County Scotland

Township ✓

or Village ✓

or City Memphis

(NO. St. Ward)

Registration District No. 810

File No. 43550

Primary Registration District No. 11488

Registered No. 79

(NO. St. Ward)

Registered No. 79

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

2 FULL NAME Mary Marie Hays

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED widow  
(Write the word)

16 DATE OF DEATH December 26 1916  
(Month) (Day) (Year)

6 DATE OF BIRTH April 21 1850  
(Month) (Day) (Year)

17 I HEREBY CERTIFY; that I attended deceased from Jan 10 1916 to Dec 26 1916  
that I last saw her alive on Dec 24 1916

7 AGE 66 yrs. 8 mos. 5 ds. If LESS than 1 day, 7 hrs. or 15 min.?

and that death occurred, on the date stated above, at 10 m.  
The CAUSE OF DEATH\* was as follows:  
Chronic Dropsy

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

(Duration) yrs. mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) Washington Co. Tenn

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

10 NAME OF FATHER Sylvanus Willis

(Signed) J. P. Mitchell M. D.  
12/27 1916 (Address) Memphis

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

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

12 MAIDEN NAME OF MOTHER Mary Alexander

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Green Co. Tenn

At place of death yrs. mos. ds. In the State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? at

(Informant) Mrs. Essie Alexander  
(Address) Memphis Mo.

Former or usual residence Missouri

15 Filed 12/24 1916 J. P. Kidman Registrar

19 PLACE OF BURIAL OR REMOVAL Missouri Cemetery DATE OF BURIAL 12/25 1916  
20 UNDERTAKER Wm. H. Mabel ADDRESS Memphis

# 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 "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.)

1 PLACE OF DEATH

County St. Louis

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

Township or Village or City Memphis Registration District No. 510 File No. 79

Primary Registration District No. 488 Registered No. 79

Cit. (NO.        St.        Ward)       

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

2 FULL NAME

Mary Maria Kay

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE        MARRIED        WIDOWED        OR DIVORCED        (Write the word)

6 DATE OF BIRTH (Month)        (Day)        1 (Year)       

7 AGE (mos.        ds.       ) 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)       

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)       

(Address)       

       191        Registrar       

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month)        (Day)        (Year)       

17 I HEREBY CERTIFY, that I attended deceased from        191        to        191       , that I last saw him        alive on        191       , and that death occurred, on the date stated above, at        m.

18 CAUSE OF DEATH\*        as follows:       

(Duration)        yrs.        mos.        ds.

CONTRIBUTORY        (Secondary)       

(Duration)        yrs.        mos.        ds.

Signed        M. D. (Address)       

\*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        191       

20 UNDERTAKER        ADDRESS

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