

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

1 PLACE OF DEATH

County Wright  
Township Hart  
or  
Village  
or  
City Hartsville (NO. St. Ward)

Registration District No. 906  
Primary Registration District No. 6217

File No. 43787

Registered No.

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

2 FULL NAME

Angelina Furr

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 23 1832  
(Month) (Day) (Year)

7 AGE 84 yrs 10 mos 23 ds. IF LESS than 1 day hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work none  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Rob Roy Ind.

PARENTS  
10 NAME OF FATHER Joseph G. Lucas  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) London England  
12 MAIDEN NAME OF MOTHER Sarah G. Jones  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_  
(Address) Hartsville Mo.

15 Filed Dec 6 1916 J. M. Crisp  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 6 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 1914 to Dec 1916, that I last saw her alive on Dec 3 1916, and that death occurred, on the date stated above, at 6<sup>30</sup> a.m.

The CAUSE OF DEATH\* was as follows:  
Senile Insanity  
162  
154  
(Duration) ours yrs. mos. ds.

CONTRIBUTORY (Secondary) 0  
(Duration) \_\_\_\_\_ yrs. mos. ds.  
(Signed) A. J. Farmer M. D.  
Dec 6 1916 (Address) Hartsville 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 Veederburg Indiana DATE OF BURIAL Dec 10 1916  
20 UNDERTAKER A. F. Leubart ADDRESS Manassas

N. B.—Every item 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.

# 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, 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), *20 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.)

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY.

**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  
*Wright*  
 County .....  
*Wright*  
 Township .....  
 or  
 Village .....  
 or  
 City ..... (NO. .... St. .... Ward)

Registration District No. *906* File No. ....  
 Primary Registration District No. *6217* Registered No. ....

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

2 FULL NAME *Angeline Furr*

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH ..... 191.....  
 (Month) (Day) (Year)

7 AGE ..... yrs. .... 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)

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) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *J. S. Bear*  
 (Address) *Eastville Mo.*

15 Filed *Dec 10* 191*6* *J. S. Bear*  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *Dec 6 1916*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..... 191..... to ..... 191.....  
 that I last saw him/her alive on ..... 191.....  
 and that death occurred, on the date stated above, at ..... m.  
 The CAUSE OF DEATH\* was as follows:  
*Stroke*

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.  
 (Signed) ..... M. D.  
 ..... 191..... (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 *Veedersburg, Ind* DATE OF BURIAL ..... 191.....  
 20 UNDERTAKER *J. J. Lenhart* ADDRESS .....

SUPPLEMENTARY

# 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*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite);

43787  
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 inter-  
current) 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), "Atro-  
phy," "Collapse," "Coma," "Convulsions," "De-  
bility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marasmus," "Old age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite dis-  
ease can be ascertained as the cause. Always qualify  
all diseases resulting from childbirth or miscarriage,  
as "PUERPERAL septicaemia," "PUERPERAL perito-  
nitis," 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 de-  
termine 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." (Recom-  
mendations on statement of cause of death approved  
by Committee on Nomenclature of the American  
Medical Association.)