

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.

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

1 PLACE OF DEATH
County Stoddard

Township Richland or Richland ^{township} Registration District No. 839 File No. 4340
Village _____ or _____ Primary Registration District No. 6101 Registered No. 5
City _____ (NO. _____) St. _____ Ward _____

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

2 FULL NAME Mary Jackson Eaton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 13 1893
(Month) (Day) (Year)

7 AGE 24 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) Illinois

PARENTS
10 NAME OF FATHER John Jackson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill
12 MAIDEN NAME OF MOTHER Mary Keith
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Jackson
(Address) Essex #2

15 Filed Jan 26, 1917 by Dr. W. H. Wray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 25 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 20 1917 to Jan 20 1917 that I last saw her alive on Jan 20 1917 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Nephritis with heart failure incident to premature child birth
(Duration) 138 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. mos. ds.
(Signed) R. J. Decker M. D.
Jan 26, 1917 (Address) Greynudge 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 Bluefield DATE OF BURIAL Jan 27 1917
20 UNDERTAKER ✓ ADDRESS ✓

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), *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.)

AFFIDAVIT OF Ella Stephens

I, Ella Stephens, solemnly swear that I am _____ years of age; that I am now and have been for the past 29 years living at Gray Ridge, _____, Stoddard County, Missouri; that I was personally acquainted with Mary Jackson, deceased, prior to and after her marriage to Roscoe Eaton, now deceased. That the said Mary Jackson married Roscoe Eaton in Stoddard County, Missouri, in April 1909; that the said Mary Jackson Eaton died January 25, 1917, at _____, Gray Ridge, Stoddard County, Missouri; that at the time of her death she was living with her said husband Roscoe Eaton; that the said Mary Jackson Eaton was buried at Bluff, in Stoddard County, Missouri, on January 27, 1917; that the said Mary Jackson Eaton at the time of her death was approximately twenty-four years old. That there was born to the said Roscoe Eaton and Mary Jackson Eaton, on or about July 1910, one daughter named Alpha May Eaton. That I lived _____ Neighbor to the said Mary Jackson Eaton at the time of her death.

That the statements herein made are true to the best of my knowledge and belief.

Ella Stephens

State of Missouri,)
County of Stoddard) ss.

Subscribed and sworn to before me this 6th day of December, 1932.

Jesse J. J. J.
(Signature of officer administering oath)

Notary Public.
(Title)

My commission expires July 12th 1936

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