

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

1 PLACE OF DEATH

County Warren

Township \_\_\_\_\_

Village \_\_\_\_\_

City Warrenton Mo (NO. \_\_\_\_\_)

Registration District No. 551

File No. 8904

Primary Registration District No. 46-34

Registered No. 16

2 FULL NAME

Elizabeth Frances Weeks

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 17 1846  
(Month) (Day) (Year)

7 AGE 70 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work At Home 1836  
(b) General nature of industry business, or establishment in which employed (or employer) 1945

9 BIRTHPLACE (City or town, State or foreign country) Warren Co Mo

PARENTS  
10 NAME OF FATHER Thomas L Garrett  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Va  
12 MAIDEN NAME OF MOTHER Mary Moore  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. M. Lewis  
(Address) Warrenton Mo.

15 Filed Feb 25 1917 W. H. Morse  
Registrar

3 MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Feb 26 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Feb 19 1917 to Feb 26 1917  
that I last saw him alive on Feb 26 1917  
and that death occurred on the date stated above, at 11 am

The CAUSE OF DEATH is as follows:  
Chronic Stasis of Bowel Resulting in Pneumonia and Heart failure  
13 mths (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_  
(Duration) yrs. mos. ds.  
(Signed) W. H. Morse M. D.  
Feb 25 1917 (Address) Warrenton

\*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 Warrenton City Va DATE OF BURIAL Feb 26 1917

20 UNDERTAKER F. O. Deuling ADDRESS Warrenton Mo

LV 10 113  
62  
21

# 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, 5 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.)

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 Warren  
 Township Warrenton  
 or  
 Village Warrenton  
 or  
 City Warrenton (NO.        St.        Ward       )

Registration District No. 881 File No.         
 Primary Registration District No. 4534 Registered No. 16

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

2 FULL NAME

Elizabeth Francis Weeks

PERSONAL AND STATISTICAL PARTICULARS

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

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

15 Filed July 25 1917 W. N. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) 7 (Day) 26 (Year) 1917

I HEREBY CERTIFY, that I attended deceased from        1917 to        1917, that I last saw him        alive on        1917, and that death occurred, on the date stated above, at        m.

The CAUSE OF DEATH\* is as follows:  
Chronic Stomach Bowel  
Resulting in pneumonia  
and heart failure  
 (Duration) yrs.        mos.        ds.       

CONTRIBUTORY (Secondary) (Duration) yrs.        mos.        ds. (Signed) W. N. Moore M. D. 728 1917 (Address) Warrenton, 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? Informally Former or usual residence       

19 PLACE OF BURIAL OR REMOVAL        DATE OF BURIAL Supplied 1917

20 UNDERTAKER        ADDRESS       

SUPPLEMENTARY CERTIFICATE

All information called for must be written on this Supplementary Certificate.

Original file, date        19        
 Re filed Apr 5 1917

# 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 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.)