

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

1 PLACE OF DEATH

County Callaway  
Township Fulton  
or  
Village  
or  
City Fulton

Registration District No. 104 File No. 9210  
Primary Registration District No. 3008 Registered No. 40  
(No. State Hosp. no. 1 St. 9 Ward)

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

2 FULL NAME Mrs Mattie Edelen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>No Record</u> (Month) (Day) (Year)		
7 AGE <u>57</u> yrs. .... mos. .... ds.		If LESS than 1 day, .... hrs. .... or .... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Belton Mo</u>		
PARENTS	10 NAME OF FATHER <u>No Record</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>No Record</u>	
	12 MAIDEN NAME OF MOTHER <u>No Record</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>No Record</u>	

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Mar 2, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 23 1917 to Mar 2, 1917, that I last saw her alive on Mar 2, 1917, and that death occurred, on the date stated above, at 12<sup>30</sup> p. m.

The CAUSE OF DEATH\* was as follows:  
1st Erysipelas  
180  
145  
(Duration) yrs. .... mos. .... ds. 8 ds.

CONTRIBUTORY Fracture right hip  
(Secondary)  
(Duration) yrs. .... mos. .... ds. 5 ds.  
(Signed) Herman S Major M. D.  
Mar 2, 1917 (Address) Fulton Mo

\*State the Disease Causing Death, or, in death 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 9 yrs. 9 mos. 14 ds. In the State .... yrs. .... mos. .... ds.  
Where was disease contracted if not at place of death?  
Former or usual residence Pleasant Hill Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Records  
(Address) Fulton Mo

19 PLACE OF BURIAL OR REMOVAL  
Belton, Mo., Mo. DATE OF BURIAL  
Dont Know

20 UNDERTAKER  
J. W. Herndon ADDRESS  
Fulton, Mo.

15 Filed 3/4 1917 [Signature] Registrar

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.

State Hospital No. 6 further information refer

# 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.)

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Township                       
or  
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or  
City Fulton (NO.                      St.                      Ward                     )

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

Registration District No. 104 File No.                       
Primary Registration District No. 3008 Registered No. 40

2 FULL NAME

Mattie Edilee

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Mar 2 7  
(Month) (Day) (Year)

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

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

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

The CAUSE OF DEATH\* was as follows:

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

my pupils  
Accidental fall 17 ft  
Duration                      yrs.                      mos. 8 ds.

9 BIRTHPLACE (City or town, State or foreign country)                     

CONTRIBUTORY (Secondary) Fracture of right hip  
(Duration)                      yrs.                      mos. 5 ds.  
(Signed) Herman S. Meyer M. D.  
312, 191                     (Address) Fulton Mo

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)                     

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

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(Informant)                       
(Address)                     

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                     

15 Filed 3/4 7 191                     Boily  
Registrar

19 PLACE OF BURIAL OR REMOVAL                      DATE OF BURIAL                     , 191                      
20 UNDERTAKER                      ADDRESS                     

SUPPLEMENTARY

Original file, date Mar, 1917

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

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*Tuberculosis of lungs, meninges, peritonæum, 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.)