

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

1 PLACE OF DEATH

County Boone

Township.....

Registration District No. 72

File No. 21290

Village.....

Primary Registration District No. 4041

Registered No. 39

City Centralia (NO.....

St.:..... Ward)

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

2 FULL NAME Lydia Roberts

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 May 7, 1849
(Month) (Day) (Year)

7 AGE 68 yrs. — mos. 29 ds. If LESS than 1 day.....hrs. or.....min.?

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

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

PARENTS 10 NAME OF FATHER William Dayton
11 BIRTHPLACE OF FATHER Ky
12 MAIDEN NAME OF MOTHER Wuland
13 BIRTHPLACE OF MOTHER Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Roberts
(Address) Centralia Mo.

15 Filed 1/6 1917 J. J. Lichner
Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH ✓ 191.....
(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.

The CAUSE OF DEATH* was as follows:
Killed by train
1870 186
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....
(Duration)..... yrs..... mos..... ds.
(Signed) G. C. Parmer M. P.
June 7, 1917 (Address) Centralia 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..... 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 Union Church DATE OF BURIAL June 7, 1917

20 UNDERTAKER M. J. Rush ADDRESS Centralia Mo.

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, 8 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.)

County Boone

Township.....

Registration District No. 72

File No.

or

Village.....

Primary Registration District No. 4041Registered No. 32

or

City Centuria (NO.....

St. Ward)

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME Lydia Roberts

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED widowed
WIDOWED OR DIVORCED
(Write the word)18 DATE OF DEATH June 5, 1917
(Month) (Day) (Year)6 DATE OF BIRTH 1
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from
..... 191..... to 191.....7 AGE,
If LESS than
1 day, hrs.
or min.?
..... yrs. mos. ds.that I last saw him alive on 191.....
and that death occurred on the date stated above, at m.
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).......... (Duration) mos. ds.
CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.9 BIRTHPLACE
(City or town,
State or foreign country).......... (Signed) M. D.
..... 191..... (Address).....

10 NAME OF FATHER.....

*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.11 BIRTHPLACE OF FATHER
(City or town, State or foreign country).....18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

12 MAIDEN NAME OF MOTHER.....

Where was disease contracted
if not at place of death?.....13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country).....Former or
usual residence.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Informant)

20 UNDERTAKER ADDRESS

(Address).....

15

Filed 87 1917 J. E. Dickerson
RegistrarOriginal file, date June 7, 1917.

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

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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21290

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), "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.)