

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

1 PLACE OF DEATH

County Johnson
Township Hazel Hill
or
Village
or
City

Registration District No. 434
Primary Registration District No. 55-91

File No. 22501
Registered No.

(NO. St. Ward)

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

2 FULL NAME Miss Nancy Adeline Hays

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 15 1884
(Month) (Day) (Year)

7 AGE 73 yrs. 4 mos. 9 ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER Samuel Hays

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

12 MAIDEN NAME OF MOTHER Mary A. Cockrell

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katharina Lowrey
(Address) Warrensburg, Mo.

15 Filed 6/5 1917 A. E. Pollock
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 1 1917 to June 24 1917
that I last saw her alive on June 24 1917
and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Senile Dementia
115 10
160

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY See Letter
(Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) James V. Anderson M. D.

June 25, 1917 (Address) Warrensburg, 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 Blackwater Cem. DATE OF BURIAL June 26 1917

20 UNDERTAKER J. M. Meekin ADDRESS Warrensburg, Mo.

Revised United States Standard Certificate of Death

U. S. Census and American Public Health Association.]

Bureau of
PERSON CI

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 *Teacher*, *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 the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the second line. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—Carpenter*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, when fully employed, as *At school* or *At home*. For persons engaged in domestic service for hire, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that 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 "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.)

FROM PROPOSED