

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

1 PLACE OF DEATH

County Clinton
Township Statte
or
Village Paris
or
City X (NO. _____) (St.: _____) (Ward) _____

Registration District No. 210 File No. 2 24768
Primary Registration District No. 5980 Registered No. 11

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

2 FULL NAME Catherine Mirandy Bonney

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)
6 DATE OF BIRTH June 24 1894
(Month) (Day) (Year)
7 AGE 72 yrs. 16 mos. 6 ds.
If LESS than 1 day, hrs. or min.?

16 DATE OF DEATH July 10 1917
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from June 12 1917 to July 10 1917
that I last saw her alive on July 10 1917
and that death occurred, on the date stated above, at 10:30 a.m.

8 OCCUPATION
(a) Trade, profession, or particular kind of work At Home 99
(b) General nature of industry, business, or establishment in which employed (or employer) 1120 873

The CAUSE OF DEATH* was as follows:
Chronic Gastritis
and General Nervous
break down
Duration 5 yrs. 81 mos. 11 ds.

9 BIRTHPLACE (City or town, State or foreign country) Middleburg Mo.
10 NAME OF FATHER Simon Hammond
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Chemung New York
12 MAIDEN NAME OF MOTHER Margaret A Hammond
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Chemung New York

CONTRIBUTORY (Secondary) Arteriosclerosis
Duration 2 yrs. 8 mos. 11 ds.
(Signed) John Day M. D.
July 11 1917 (Address) Paris Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Gertrude Christy
(Address) Stewartville, Mo.

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 Aug. 10 1917 John Sturgis Registrar

19 PLACE OF BURIAL OR REMOVAL Stewartville Cemetery, Stewartville, Mo. DATE OF BURIAL July 12 1917
20 UNDERTAKER J. P. Lyon ADDRESS Stewartville 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, 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 septicæmia," "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.)