

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

1 PLACE OF DEATH

County Greene

Township _____

or _____

Village _____

or _____

City Springfield

Registration District No. 318

File No. _____

Primary Registration District No. 54407001

Registered No. 34851

(NO. Route 4 - St. _____ Ward)

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

2 FULL NAME Martha K. Harris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Wh 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M-

6 DATE OF BIRTH July 27, 1878
(Month) (Day) (Year)

7 AGE 39 yrs. mos. da. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER Alex. Chatsman

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

12 MAIDEN NAME OF MOTHER Just know

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alex Harris
(Address) Route 4 city

15 ACT 18 1917 Filed _____ 1917 Edw. J. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 Oct 18 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 1, 1917, to Oct 18, 1917, that I last saw her alive on Oct 18, 1917, and that death occurred, on the date stated above, at 3:40 m.

The CAUSE OF DEATH* was as follows:
apoplexy
82
3 (Duration) yrs. mos. 1 ds.

CONTRIBUTORY malaria
(Secondary) (Duration) yrs. mos. ds.

(Signed) N. H. Bell M. D.
Oct 18, 1917 (Address) 388 Sanders Bldg

*State the Disease Causing Death, or, if death from accident, 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 Billingmo Mo DATE OF BURIAL Oct 20, 1917

20 UNDERTAKER Lohmeyer Used Co. ADDRESS 305 N. Mulvint

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. WHERE I BELIEVE, WITH UNFAVORING OPINION—THIS IS A PERMANENT RECORD

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*; *pneumonia* ("Pneumonia," unqualified, is in *Tuberculosis of lungs, meninges, peritonae*; *Carcinoma*, *Sarcoma*, etc., of..... origin; "Cancer" is less definite; avoid use of for malignant neoplasms); *Measles*; *Whoop*; *Chronic valvular heart disease*; *Chronic nephritis*, etc. The contributory (secondary or recurrent) affection need not be stated important. Example: *Measles* (disease causing 29 ds.; *Bronchopneumonia* (secondary)). Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely static), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile"), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., unless a definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State conditions which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY AND AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine cause. Examples: *Accidental drowning*; *struck by way train—accident*; *Revolver wound of homicide*; *Poisoned by carbolic acid—probable*. The nature of the injury, as fracture of skull, and its consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)