

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

**1 PLACE OF DEATH**

County St. Clair County  
 Township Osceola  
 or  
 Village .....  
 or  
 City (NO. .... St. .... Ward)

Registration District No. 765 File No. 27  
 Primary Registration District No. 6266 Registered No. 36143

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

**2 FULL NAME** Agnes Martha Hammond

**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 31, 1848  
(Month) (Day) (Year)

**7 AGE** 74 yrs. 4 mos. 22 ds. **IF LESS than 1 day** ..... hrs. or ..... min. ?

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work At Home 1819  
 (b) General nature of industry business or establishment in which employed (or employer) 1914

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

**PARENTS**  
**10 NAME OF FATHER** Dr. Hardin Rodgers  
**11 BIRTHPLACE OF FATHER** Bourbon Co. Ky.  
(City or town, State or foreign country)  
**12 MAIDEN NAME OF MOTHER** Elizabeth Wilson  
**13 BIRTHPLACE OF MOTHER** Bourbon Co. Ky.  
(City or town, State or foreign country)

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Mrs. Geo. D. Ferris  
 (Address) 381 W. Ave. 51, Los Angeles, Cal.

**15** Filed Nov-24, 1917 Rich Seaman  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Oct. 22nd, 1917  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, that I attended deceased from Oct 13, 1917, to Oct 22, 1917, that I last saw her alive on Oct 13th, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows:  
Fracture of neck of femur

**CONTRIBUTORY** Age and Asthenia  
(Secondary)

(Signed) G. D. Dalgleish M. D.  
Nov-10th, 1917 (Address) Osceola 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? .....

**19 PLACE OF BURIAL OR REMOVAL** Cleveland **DATE OF BURIAL** Oct 23, 1917  
**20 UNDERTAKER** Amatory **ADDRESS** Osceola Mo  
Hobbes

Every bit of information should be carefully supplied. AGE should be stated EXACTLY. PHT. CIA. Child state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very important.

# 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, peritoneum*, 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.)

1 PLACE OF DEATH

County St. Clair  
Township Osceola  
Village  
City

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

Registration District No. 765 File No.  
Primary Registration District No. 6266 Registered No. 27  
(NO. St. Ward)

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

2 FULL NAME

Agnis Monte Hammond

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED W  
(Write the word)  
6 DATE OF BIRTH (Month) (Day) (Year)  
7 AGE If LESS than 1 day, hrs. or min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

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

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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

15 Filed Jan 8 1918 Ruth Seever Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) (Year) Oct 23 1917

17 I HEREBY CERTIFY, that I attended deceased from (Month) (Day) (Year) 1917 to (Month) (Day) (Year) 1917 that I last saw him alive on (Month) (Day) (Year) 1917 and that death occurred, on the date stated above, at (Month) (Day) (Year) m.

The CAUSE OF DEATH\* was as follows:  
fracture of neck of femur caused by fall from foot slipping  
accidents

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. Grand Arteriosclerosis  
(Signed) H. D. Dalgleish M. D. Jan 9th 1918 (Address) Osceola 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 DATE OF BURIAL 1917

20 UNDERTAKER ADDRESS

AGE is important. If classed as a child, please state sex. If over 15, state sex. If over 18, state sex. If over 21, state sex. If over 25, state sex. If over 30, state sex. If over 35, state sex. If over 40, state sex. If over 45, state sex. If over 50, state sex. If over 55, state sex. If over 60, state sex. If over 65, state sex. If over 70, state sex. If over 75, state sex. If over 80, state sex. If over 85, state sex. If over 90, state sex. If over 95, state sex. If over 100, state sex.

Supplementary Information Supplied

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36143  
*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), 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.)*