

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

1 PLACE OF DEATH  
County Scott  
Township ✓  
or  
Village ✓  
or  
City Memphis (NO. ✓ St. ✓ Ward ✓)

Registration District No. 810 File No. 40257  
Primary Registration District No. 4488 Registered No. 149

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

2 FULL NAME Madessa J. Dunn

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Widow  
(Write the word)

16 DATE OF DEATH November 27, 1917  
(Month) (Day) (Year)

6 DATE OF BIRTH August 7, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917

7 AGE 8.3 yrs. 3 mos. 20 ds.  
IF LESS than 1 day.....hrs. or.....min.?

that I last saw h.....alive on....., 1917, and that death occurred, on the date stated above, at.....m.

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

The CAUSE OF DEATH\* was as follows: Carcinoma

9 BIRTHPLACE (City or town, State or foreign country) Columbiana, Cos. Ohio

CONTRIBUTORY Scarcity (Secondary)

10 NAME OF FATHER William Patton

(Duration).....yrs.....mos.....ds.

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

(Signed) E. E. Keaton M. D.

12 MAIDEN NAME OF MOTHER Donk Know

(Duration).....yrs.....mos.....ds.

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

(Address) Centerville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D. W. Payer

\*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 ✓

(Address) Memphis, Tenn.

19 PLACE OF BURIAL OR REMOVAL Masonic Cemetery DATE OF BURIAL 11/29, 1917

15 Filed 11/30, 1917 J. D. Kidmore Registrar

20 UNDERTAKER D. W. Payer ADDRESS Memphis

# 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 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.)

1 PLACE OF DEATH

County Scotland  
 Township.....  
 or  
 Village.....  
 or  
 City Memphis (NO. .... St. .... Ward)

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

Registration District No. 810  
 Primary Registration District No. 4488

File No. ....  
 Registered No. 79

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

2 FULL NAME Nadessia J. Dunn

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 ..... 1917  
(Month) (Day) (Year)

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

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)

PARENTS  
 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) .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 27, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..... 1917 to ..... 1917  
 that I last saw h..... alive on ..... 1917  
 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows:  
Carcinoma  
of the  
left cheek  
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) likely heredity  
(Duration) yrs. mos. ds.  
 Signed) E. E. Keaton M. D.  
 1917 (Address Bentonville, La.)

\*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? At Home  
 Former or usual residence St. Missouri

19 PLACE OF BURIAL OR REMOVAL Masonic Crem. DATE OF BURIAL 11/29, 1917

20 UNDERTAKER W. Payne ADDRESS Memphis, Tenn.

Filed 11/30 1917

Original file, date 11/30, 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  
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*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.)

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