

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.

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

1 PLACE OF DEATH

County
Township
or
Village
or
City St Louis

Registration District No. 791
1003
Primary Registration District No. 5149
(NO. Westminister)

File No. 43500
Registered No. 12389

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

2 FULL NAME Annie Eversole Marbury

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) married

6 DATE OF BIRTH June 27th 18687 AGE 49 yrs. 6 mos. 2 ds.

If LESS than 1 day,.....hrs. or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Housewife
(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 Wm Eversole

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) Iowa

12 MAIDEN NAME OF MOTHER Rebecka Rutledge

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ben H Marbury

(Address) 5149 Westminister

15

Filed DEC 31 1917

Marlo Starkoff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 29, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Sept 22, 1917, to Dec 29, 1917,
that I last saw h^e alive on Dec 29, 1917,
and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
131 Chronic Myocarditis

CONTRIBUTORY

Broncho pneumonia
(Duration) one yrs. or more ds.
(Secondary) (Duration) — yrs. — mos. 9 ds.

(Signed) Walter Baumgartner M. D.
Dec 29, 1917 (Address) Westminister Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, the Signs 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

Farmington Mo Dec 29, 1917

DATE OF BURIAL

20 UNDERTAKER

Charles Hayes 2217 So Grand

ADDRESS

Standard United States Standard Certificate of Death

Prepared by U. S. Census and American Public Health Association.

Statement of occupation.—Precise statement of occupation is very important, so that the relative frequency of various pursuits can be known. The statement applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in special cases, especially in industrial employments,

the kind of work and also the name of the business or industry, and there should be provided for the latter when necessary, as in cases provided for the latter

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“Typhoid pneumonia”); *Lobar pneumonia*; *Bronchopneumonia* (“Pneumonia,” unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name of organ); “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.)

Care should be taken to report specifically the occupation engaged in domestic service for *Butler*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state occupation at time of death. If retired from business, that should be stated thus: *Farmer (retired, 6 yrs.)* have no occupation whatever

Statement of cause of death.—Name, first, last, and middle, of 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

County

Missouri

FORM XXX