

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

1 PLACE OF DEATH

County Butler
Township Lindsey
or
Village
or
City (NO. St. Ward)

Registration District No. 61 File No. 4177-a
Primary Registration District No. 5097 Registered No. 6

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

2 FULL NAME

Mary Francis Hampton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Mar 9th 1868
(Month) (Day) (Year)

7 AGE 49 yrs 10 mos 24 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Cooper Co. Mo.

PARENTS
10 NAME OF FATHER Robert Secrest
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Cooper Co. Mo.
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. L. Seussler
(Address) Warren Mo.

15 Filed Mar 12 1918 J. P. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3rd 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 3 1918 to see report 1918 that I last saw h. alive on same date 1918

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:
Heart failure from 53E
pressure of tubes 92A

24 hours (Duration) yrs. mos. ds.

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

(Signed) Wm. L. Seussler M. D.
Mar 12 1918 (Address) Warsaw Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, (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 Bullietts Cemetery DATE OF BURIAL Feb 4th 1918

20 UNDERTAKER E. M. White ADDRESS Warsaw

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, 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 "Asthemia," "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.)

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

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County *Butler*
 Township *Ludsey*
 or
 Village
 or
 City

Registration District No. *61*
 Primary Registration District No. *5097*

File No.
 Registered No. *6*

(NO. St. Ward)

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2 FULL NAME

Mary Francis Hampton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH
 (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
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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 *Mar 12 1918* *J. R. Smith*
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar 3 1918*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Mar 3 1918* to *Mar 3 1918*
 that I last saw him *alive on Mar 3 1918*
 and that death occurred, on the date stated above.

18 THE CAUSE OF DEATH* was as follows:

Heart failure from presence of tumor, Metastasis
 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Junior Mahiquant*

(Duration) yrs. mos. ds.

(Signed) *M. E. Sands* M. D.

Mar 12 1918 (Address) *Warsaw*

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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

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54177A
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