

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

8136

1 PLACE OF DEATH

County Carroll  
Township Carrollton  
or  
Village  
or  
City

Registration District No. 135  
Primary Registration District No. 1788

File No.  
Registered No. 20

(NO. St. Ward)

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

2 FULL NAME Mrs. Mary F. Lawrence

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE w 5 SINGLE MARRIED WIDOWED OF DIVORCED (Write the word) widow.

6 DATE OF BIRTH 7th 14 1842  
(Month) (Day) (Year)

7 AGE 76 yrs. 1 mos. 2 ds. 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) Virginia

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER Lucy B. Blackwell

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. M. Houkeworth (Address) Carrollton, Mo.

15 Filed Mar 19, 1918 Mrs. E. E. Farham Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 18 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 1918 to March 18 1918 that I last saw her alive on Mar 24 1918 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
acute indigestion  
118907

CONTRIBUTORY Calculus stomach (Secondary) (Duration) 3 yrs. 0 mos. 1 ds. (Signed) Charles B. Austin M. D. Mar. 19, 1918 (Address) Carrollton 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 Wakenda Cem. DATE OF BURIAL 3/19/1918

20 UNDERTAKER Ed Willis ADDRESS Carrollton

# 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 child-birth 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

C. S. Austin

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

County Carroll Registration District No. 135 File No. 20  
 Township Carroll Primary Registration District No. 5788 Registered No. 20  
 or  
 Village \_\_\_\_\_ City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Mary F. Lowrance

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F.</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>W.</u>	16 DATE OF DEATH <u>Mar 18 1918</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Satisfactory information Supplied</u> (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from _____, 191____ to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:	
7 AGE <u>Satisfactory information Supplied</u> hrs. mos. ds. If LESS than hrs. or min.?			The CAUSE OF DEATH* was as follows:  (Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry business, or establishment in which employed (or employer)			CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) _____ M. D. (Address) _____, 191____	
9 BIRTHPLACE (City or town, State or foreign country) <u>Satisfactory information Supplied</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PARENTS	10 NAME OF FATHER <u>Dave Brown</u>	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dave Brown</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence _____	
	12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	19 PLACE OF BURIAL OR REMOVAL	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____		20 DATE OF BURIAL _____, 191____	
15 Filed <u>3-19</u> , 191 <u>8</u> <u>Mrs E. E. Fambler</u> Registrar			ADDRESS _____	

Original file, date \_\_\_\_\_, 19\_\_\_\_

All information called for must be written on this Supplementary Certificate.

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