

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

1 PLACE OF DEATH

County *Jackson*

Township _____

or Village _____

or City *Holden*

(NO. _____ St. _____ Ward)

Registration District No. *427*

File No. *9501*

Primary Registration District No. *4253*

Registered No. *55*

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

2 FULL NAME

Livelia Elliston

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH

July (Month) *11* (Day) *1857* (Year)

AGE

60 yrs. *8* mos. *15* ds. If LESS than 1 day, hrs. or min.?

OCCUPATION

a) Trade, profession, or particular kind of work *House work*

b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

City or town, State or foreign country *Johnson, Missouri Mo*

10 NAME OF FATHER

Charley Ferguson

11 BIRTHPLACE OF FATHER

Johnson Mo

12 MAIDEN NAME OF MOTHER

Janie Thompson

13 BIRTHPLACE OF MOTHER

Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *William Elliston*

(Address) *28 Holden mo*

Filed *March 26 1918* *G. W. Harris* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 25* 191*8*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Feb. 11* 191*8*, to *Mar. 25* 191*8*, that I last saw her alive on *Mar. 24* 191*8*

and that death occurred, on the date stated above, at *12:30 p.m.*

The CAUSE OF DEATH* was as follows:

Tubercular Kidney and Small Bowel

6 (Duration) yrs. *05* mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) *Edward Andrews M. D.*

Mar. 25, 1918 (Address) *Holden - 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

Holden cemetery

DATE OF BURIAL

Mar. 25, 1918

20 UNDERTAKER

R. C. Merritt

ADDRESS

Holden - Mo

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 important, so that the relative importance of various pursuits can be known. The occupation of every person, and every person, irrespective of sex, and of many occupations a single word or two will be sufficient, e.g., *Farmer* or *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in all cases, especially in industrial employments, the occupation should be (a) the kind of work and also the business or industry, and therefore the following is provided for the latter purpose: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. The occupation may form part of the second statement, never return "Laborer," "Foreman," "Farmer," etc., without more precise statement, e.g., *Farmer*, *Farm laborer*, *Laborer—domestic*, etc. Persons at home, who are engaged in the household (not paid *Housemaid*), may be entered as *At school*, *At house*, or *At home*, and children, as *At school* or *At home*. Persons engaged in domestic service for others should report specifically the occupation, e.g., *Housemaid*, etc. If the person is engaged or given up on account of illness, state occupation at death, state occupation at death, e.g., *Retired from business*, that is, *Farmer (retired, 6 yrs.)*. 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.)