

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

1 PLACE OF DEATH

County *Adair*
Township *Walnut*
or
Village *Byarsville*
or
City

Registration District No. *1067*

File No. *22000*

Primary Registration District No. *5009*

Registered No. *2*

(NO. St. Ward)

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

2 FULL NAME *Margie Martin*

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *April 14 1918*
(Month) (Day) (Year)

6 DATE OF BIRTH *Oct 1st 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *April 1st 1918* to *April 14 1918*
that I last saw her alive on *April 14 1918*

7 AGE *6* yrs. *13* mos. *13* ds. If LESS than 1 day...hrs. or...min.?

and that death occurred, on the date stated above, at *10:30 a.m.*

The CAUSE OF DEATH* was as follows:
Autointoxication
1066
104

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

(Duration) *14* yrs. *14* mos. *14* ds.

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

CONTRIBUTORY *Bronchitis*
(Secondary)

10 NAME OF FATHER *Oscar Martin*

(Duration) *14* yrs. *14* mos. *14* ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Adair Co Mo*

(Signed) *B. S. Anspach* M. D.
4/14 1918 (Address) *Gifford, Mo.*

12 MAIDEN NAME OF MOTHER *Mamie Payton*

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Adair Co Mo*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

(Informant) *Nettie C Sullivan*
(Address) *Yarrow Mo.*

Where was disease contracted if not at place of death?

Former or usual residence

15 Filed *April 30 1918* *John T Morton* Registrar

19 PLACE OF BURIAL OR REMOVAL *Union Temple* DATE OF BURIAL *April 15 1918*

20 UNDERTAKER *W. M. Colburn* ADDRESS *South Efford*

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1 PLACE OF DEATH

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Registration District No. 1067 File No.

Primary Registration District No. 5009 Registered No. 2

(NO. St. Ward)

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

2 FULL NAME

Maxine Martin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Apr 14 1918
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from
..... 191..... to 191.....
that I last saw him alive on 191.....
and that death occurred on the date stated above, at

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

The CAUSE OF DEATH* was as follows: acute autotoxication

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

acute
14
CONTRIBUTORY Emmett
(Secondary) (Duration) yrs. mos. ds.

9 BIRTHPLACE (City or town, State or foreign country)

(Signed) B. S. Cinspach M. D.
Apr 15 1918 (Address) Efford MO

10 NAME OF FATHER

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

12 MAIDEN NAME OF MOTHER

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Where was disease contracted if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence.

(Informant)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Address)

20 UNDERTAKER ADDRESS

15 Filed Apr 20 1918 John T. Morton Registrar

Statutory Information Supplied.

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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*, *Composer*, *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

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"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("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 "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.)