

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

PLACE OF DEATH
County Franklin
Township Boone
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. N 1104 File No. 12736
Primary Registration District No. 5415-P Registered No. 14

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

FULL NAME Martha Eckert

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF DEATH April 27, 1918
(Month) (Day) (Year)

DATE OF BIRTH July 27, 1850
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 8, 1918, to April 26, 1918, that I last saw her alive on April 25, 1918, and that death occurred, on the date stated above, at 10 a.m.

AGE 67 yrs. 9 mos. 0 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
131
92.61 

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

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

PARENTS
NAME OF FATHER Samuel P. Inoy
BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina
MAIDEN NAME OF MOTHER Sallie Mitchell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Denmark

(Duration) 2 yrs. ___ mos. ___ ds.
Contributory Heart Valvular Insuff-
(SECONDARY) iciency (Duration) ___ yrs. 2 mos. ___ ds.
(Signed) W. P. Fitzgerald M. D.
Apr. 27, 1918 (Address) Gerald, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Wm. Cengel
(ADDRESS) Gerald, Mo. R.F.D. #2.

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

Filed Apr. 27, 1918, W. P. Fitzgerald M. D.
REGISTRAR

PLACE OF BURIAL OR REMOVAL New Friendship Church DATE OF BURIAL April 25, 1918
UNDERTAKER ✓ ADDRESS ✓

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 "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 septicæmia," "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.)

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

1 PLACE OF DEATH
 County Franklin
 Township Born or Village or City or (NO. 1104 St. 5415th Ward 14)
 Registration District No. 1104 File No. 14
 Primary Registration District No. 5415th Registered No. 14

2 FULL NAME Marta Ellert

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>2</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>M</u>
6 DATE OF BIRTH <u>Satisfactory Information Supplied.</u> (Month) (Day) (Year)		
7 AGE yrs. mos. ds.		8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Satisfactory Information Supplied.</u>
9 BIRTHPLACE (City or town, State or foreign country) <u>Satisfactory Information Supplied.</u>		
PARENTS	10 NAME OF FATHER <u>Satisfactory Information Supplied.</u>	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Satisfactory Information Supplied.</u>
	12 MAIDEN NAME OF MOTHER <u>Satisfactory Information Supplied.</u>	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Satisfactory Information Supplied.</u>
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Satisfactory Information Supplied.</u> (Address) <u>Satisfactory Information Supplied.</u>	
	15 Filed <u>4-27-</u> 191 <u>8</u> <u>M. Fitzgerald</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 27 1918
 (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 m.
 The CAUSE OF DEATH* was as follows:
Satisfactory Information Supplied.

CONTRIBUTORY (Secondary) Satisfactory Information Supplied.
 (Duration) yrs. mos. ds.
 (Signed) Satisfactory Information Supplied. M. D.
 (Address) 191

*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) Satisfactory Information Supplied.
 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 Satisfactory Information Supplied.

19 PLACE OF BURIAL OR REMOVAL <u>new Friendship Center</u>	DATE OF BURIAL <u>April 28, 1918</u>
20 UNDERTAKER <u>Farrell Lane</u> <u>Dr. F. Lane</u>	ADDRESS <u>Serald, Mo</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

95221

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