

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Casper

Township Marion

Village Carthage

City Carthage

Registration District No. 400

File No. Webster

13545

Primary Registration District No. 3020

Registered No. 333

(No. Carthage, Hospital St. 1 Ward)

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

2 FULL NAME

Molly Lydia Rushmore

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE married
MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Sept 21 1870
(Month) (Day) (Year)

7 AGE 47 yrs 6 mos 18 ds If LESS than 1 day... hrs. or... min.?

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

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

PARENTS
10 NAME OF FATHER Chas Heritage
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
12 MAIDEN NAME OF MOTHER Thompson
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J M Rushmore
(Address) 704 S. Garrison

15 Filed 4/12 1918 C Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 9 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 7 1918, to Apr 9 1918, that I last saw him alive on Apr 9 1918, and that death occurred, on the date stated above, at 12:45 A m.
The CAUSE OF DEATH* was as follows:

10A Intestinal obstruction
12:45
(Duration) yrs mos ds

CONTRIBUTORY (Secondary) 10A Intestinal obstruction
(Signed) J A Hester M.D.
7/19 1918 (Address) Carthage 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 & not at place of death?
Former or usual residence Neesho Mo

19 PLACE OF BURIAL OR REMOVAL Park Cemetery DATE OF BURIAL April 2 1918
20 UNDERTAKER Frank Hnell ADDRESS Carthage 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 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 "Asthena," "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.)

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

1 PLACE OF DEATH

County Gasper

Township Combatain

Village Combatain

City Combatain

Registration District No. 408

File No. 333

Primary Registration District No. 3020

Registered No. 333

(NO. Combatain St. Ward)

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

2 FULL NAME Mrs. Lydia Rushmore

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Apr 9 1918
(Month) (Day) (Year)

6 DATE OF BIRTH Satisfactory information supplied.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Satisfactory information supplied. to Satisfactory information supplied. 1918, that I last saw him alive on Satisfactory information supplied. 1918, and that death occurred, on the date stated above, at Satisfactory information supplied. m.

7 AGE Satisfactory information supplied.
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction

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

109
(Duration) yrs. mos. ds.
Contracting band
about small intestine
(Duration) yrs. mos. ds.

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

CONTRIBUTORY (Secondary) Contracting band
about small intestine
(Signed) L. V. Taylor M. D.
July 11 1918 (Address) Combatain Mo

10 NAME OF FATHER Satisfactory information supplied.

*State the Disease Causing Death, or, in deaths 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 Satisfactory information supplied.

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

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

When was disease contracted if not at place of death? Satisfactory information supplied.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Satisfactory information supplied.

Former or usual residence Satisfactory information supplied.

(Address) Satisfactory information supplied.

19 PLACE OF BURIAL OR REMOVAL Satisfactory information supplied. DATE OF BURIAL Satisfactory information supplied. 1918

Filed July 11 1918 L. V. Taylor Registrar

20 UNDERTAKER ADDRESS

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