

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

1 PLACE OF DEATH

County Wenatche

Township \_\_\_\_\_  
or \_\_\_\_\_

Village \_\_\_\_\_  
or \_\_\_\_\_

City Nevada, Wyo. Nevada

Registration District No. 875

File No. 15933

Primary Registration District No. 3039

Registered No. 96

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME Alice May Madglor

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb. 25 1878  
(Month) (Day) (Year)

7 AGE 40 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House keeper (b) General nature of industry business, or establishment in which employed (or employer) X 53E

9 BIRTHPLACE (City or town, State or foreign country) Not known

PARENTS 10 NAME OF FATHER Mark S. Spendiff 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known 12 MAIDEN NAME OF MOTHER Not known 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. E. Madglor (Address) Nevada, Wyo.

15 Filed 4/22 1918 J. W. Petty Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3rd 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 2d 1918 to April 3d 1918 that I last saw her alive on Apr 3d 1918 and that death occurred, on the date stated above, at 9:42 a.m.  
The CAUSE OF DEATH\* was as follows:

Infectious from Carcinoma and abscessed teeth, had been operated on 3 years for Emerg. blood. (Duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY infebrile acute followed with menia (Duration) 17 yrs. 0 mos. 0 ds. (Signed) J. W. Cimmerman M. D. April 4, 1918 (Address) Nevada Wyo.

\*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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds. Where was disease contracted if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Smithland Iowa DATE OF BURIAL Apr 5 1918

20 UNDERTAKER Collins & Sons ADDRESS Nevada Wyo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# United States Standard Certificate of Death

U. S. Census and American Public Health  
Association.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative importance of various pursuits can be known. The same occupation applies to each and every person, irrespective of sex. In many occupations a single word or term will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many occupations, especially in industrial employments, it is necessary to know (a) the kind of work and also

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., (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),

"Dealer," etc., without more precise designation. Women at home, who are engaged in the household only (not paid *Housework*, or *At home*, and children, employed, as *At school* or *At home*. Persons engaged in domestic service for *Housework*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state occupation at beginning of illness. If the cause of death is indicated by the fact that the deceased was a person who has

"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 is

**Statement of cause of death.**—State the primary affection causing death (the primary affection is that which is nearest to time and causation), using always the same term for the same disease. Examples: *Scarlet fever* (the only definite synonym is "*Scarlet fever*"); *Diphtheria* ("*Croup*"); *Typhoid fever* (never report