

776

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

1 PLACE OF DEATH

county Reichman  
Township .....  
or .....  
Village .....  
or .....  
City St. Joseph

Registration District No. 85 File No. 19500 23  
Primary Registration District No. 1001 Registered No. 755  
(NO. State Hosp No 2 St. .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nora Starn

PERSONAL AND STATISTICAL PARTICULARS.

SEX F 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single  
6 DATE OF BIRTH Year 1977  
(Month) (Day) (Year)  
7 AGE 46 yrs. .... mos. .... ds. IF LESS than 1 day, .... hrs. or .... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none  
(b) General nature of industry business, or establishment in which employed (or employer) .....

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

PARENTS  
10 NAME OF FATHER Isaac Starn  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
12 MAIDEN NAME OF MOTHER Annie Maddis  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) M. P. Anderson  
(Address) State Hosp No. 2 St. Joe

5 Filed June 11 1918 H. D. Krameter Registrar

6 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 4, 1918, to June 8, 1918, that I last saw h alive on June 7, 1918, and that death occurred, on the date stated above, at 5:11 a.m.  
The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis  
23A  
24  
(Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) Insanity  
(Duration) .... yrs. .... mos. 4 ds.  
(Signed) M. P. Anderson M. D.  
June 8, 1918 (Address) State Hospital St. Joe

\*State the Disease Causing Death, or, in death 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 Shelby Co.

19 PLACE OF BURIAL OR REMOVAL Shelby MO DATE OF BURIAL 6-10, 1918

20 UNDERTAKER Rock ADDRESS 916 3rd St

# 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 there-  
an additional line is provided for the latter  
ment; it should be used only when needed.  
Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-*  
(b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*.  
Material worked on may form part of the second  
ment. Never return "Laborer," "Foreman,"  
"Manager," "Dealer," etc., without more precise  
ation, as *Day laborer, Farm laborer, Laborer—*  
*mine*, etc. Women at home, who are engaged  
in the duties of the household only (not paid *House-*  
*keepers* 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 occupa-  
tions 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; 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 inter-  
current) affection need not be stated unless im-  
portant. Example: *Measles* (disease causing death),  
*29 ds.; Bronchopneumonia* (secondary), *10 ds.*  
Never report mere symptoms or terminal conditions,  
such as "*Asthenia*," "*Anaemia*" (merely symptom-  
atic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convul-*  
*sions*," "*Debility*" ("*Congenital*," "*Senile*," etc.),  
"*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haem-*  
*orrhage*," "*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 rail-*  
*way 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.)