

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

1 PLACE OF BIRTH
County Lincoln
Township Franklin
or
Village
or
City

Registration District No. 485 File No. 20692
Primary Registration District No. 5648 Registered No.
City (NO.) St. Ward

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

2 FULL NAME Garisa Ann Holbert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH April 2 1884
(Month) (Day) (Year)
7 AGE 34 yrs 2 mos 4 ds. If LESS than 1 day.....hrs. or.....min.?

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

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

PARENTS
10 NAME OF FATHER F. A. Holbert
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pennsylvania
12 MAIDEN NAME OF MOTHER Olive Pittsford
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gene H. Holbert
(Address) Lawing, Mo.

15 Filed June 10 1918 J. G. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 6 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 15 1918 to 6-6 1918
that I last saw her alive on 6-6 1918
and that death occurred, on the date stated above, at 4:05 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver
HLE HO

Dont know was in in this condition when 1st saw case
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) Dr. E. C. Pierce D. O.
6-6 1918 (Address) Lawing 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 if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Mt Olive DATE OF BURIAL June 9 1918
20 UNDERTAKER Thomas Ball ADDRESS Lawing

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

"Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia," unqualified); *Tuberculosis of lungs*, *meninges*, *Carcinoma*, *Sarcoma*, etc., of... origin; "Cancer" is less definite; avoid for malignant neoplasms); *Measles*, *Chronic valvular heart disease*; *nephritis*, etc. The contributor (recurrent) affection need not be reported. Example: *Measles (discontinued 29 ds.; Bronchopneumonia (secondary))*. Never report mere symptoms or signs such as "Asthenia," "Anaemia" (anemic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital debility"), "Dropsy," "Exhaustion," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uræmia," "Weakness." A definite disease can be ascertained. Always qualify all diseases re- sulting from birth or miscarriage, as "PUERPERAL" "PUERPERAL peritonitis," etc. which surgical operation was performed. VIOLENT DEATHS state MEANS OF DEATH, as ACCIDENTAL, SUICIDAL, OR OTHERWISE, probably such, if impossible to determine. Examples: *Accidental drowning*, *Train—accident*; *Revolver homicide*; *Poisoned by carbolic acid*. The nature of the injury, as fracture, consequences (e. g., *sepsis*, *tetanus*), under the head of "Contributory conditions on statement of cause of death." (Committee on Nomenclature, American Medical Association.)