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

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

DEATH

27021 [redacted]

County: Marion

Township or Village or City: Jackson

Registration District No. 542

Primary Registration District No. 6731

File No.

Registered No. 7

(NO. ..... St. ..... Ward)

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

2 FULL NAME: Malinda Spratley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Aug. (Month) 9th (Day) 1849 (Year)

7 AGE: 69 yrs. — mos. 6 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): [illegible]

9 BIRTHPLACE (City or town, State or foreign country): Marion Co. Mo.

PARENTS

10 NAME OF FATHER: Francis Parker

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Tenn.

12 MAIDEN NAME OF MOTHER: Robinson

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mar. Dixon Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Spratley

(Address) Vienna, Mo

15 Filed 8-11, 1918. W. R. Russell, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 15th (Day), 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar. 3, 1918, to Aug. 15th, 1918, that I last saw her alive on Aug. 12th, 1918, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

F 40 (Duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Old Age

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) W. R. Russell M. D.

8-15, 1918 (Address) Vienna, 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: Vienna Mo

DATE OF BURIAL: 8-16, 1918

20 UNDERTAKER: [illegible]

ADDRESS: Vienna

ed United States Standard Certificate of Death

oved by U. S. Census and American Public Health Association.]

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atement of occupation.—Precise statement of tion 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); *'uberculosis of lungs, meninges, peritonaeum*, etc., *'arcinoma, Sarcoma*, etc., of ..... (name rigin; "Cancer" is less definite; avoid use of "Tumor" or malignant neoplasms); *Measles; Whooping cough; 'hronic valvular heart disease; Chronic interstitial ıephritis*, etc. The contributory (secondary or inercurrent) affection need not be stated unless imıortant. Example: *Measles* (disease causing death), *19 ds.; Bronchopneumonia* (secondary), *10 ds.* Never eport mere symptoms or terminal conditions, such as "*Asthenia*," "Anaemia" (unless symptomatic), 'trophy," "Collapse," "Coma," "Convulsions," 'Debility" ("Congenital," "Senile," etc.), "Dropsy," 'Exhaustion," "Heart failure," "Haemorrhage," 'Inanition," "Marasmus," "Old age," "Shock," 'Uraemia," "Weakness," etc., when a definite lisease can be ascertained as the cause. Always ıualify all diseases resulting from childbirth or misarriage, as "PUERPERAL [illegible]," "PUERPERAL 'eritonitis," etc. State cause for which surgical operıtion was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUIIDAL, 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, etanus*) may be stated under the head of "Contributory." (Recommendations on statement of ıauses of death approved by Committee on Nomenlature of the American Medical Association.)