

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32056-a

1 PLACE OF DEATH

County Caldwell

Township.....
or

Village.....
or

City Kingston

Registration District No. 98

File No.

Primary Registration District No. 40.60

Registered No. 19

(NO. 19 St. 19 Ward)

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

2 FULL NAME Charity Cook

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 21st, 1839
(Month) (Day) (Year)

7 AGE 79 yrs. 6 mos. 17 ds. If LESS than 1 day,.....hrs. or.....min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Kent Co, Ontario

PARENTS 10 NAME OF FATHER Jacob Miller
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know
12 MAIDEN NAME OF MOTHER Dont know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo Cook
(Address) Kingston, Mo.

15 Filed Oct 4, 1918 J. E. Gartside
Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, that I attended deceased from Sept 20th, 1918, to Oct. 3rd, 1918, that I last saw alive on Oct. 3rd, 1918, and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
Chronic Interstitial Nephritis

CONTRIBUTORY (Secondary) dont know
(Duration).....yrs.....mos. 10 ds.
(Signed)..... M. D. Oct 4th, 1918 (Address) Kingston, Mo.

*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.....

19 PLACE OF BURIAL OR REMOVAL Kingston, Mo. Cem. DATE OF BURIAL Oct 5th, 1918

20 UNDERTAKER Chas A Morton ADDRESS Kingston, Mo

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.

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 arises for each and every person, irrespective of age, as to any occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Teacher, Architect, Locomotive engineer, Civil engineer, Fireman, Dry fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for further statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store clerk; (a) Foreman, (b) Automobile factory*. The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. Men should be taken to report specifically the occupations in which they are engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been discontinued 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: *(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 term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, Peritonitis, Peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ; "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 "Asthenia," "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.)