

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

1 PLACE OF DEATH

32500 C

County Dunklin

Township Freedom

Village Freedom

City Freedom

Registration District No. 284

File No. 52-32500 C

Primary Registration District No. 5803

Registered No. 5803

(NO. 5803 St. 5803 Ward 5803)

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

2 FULL NAME Mrs Anna May Sidmore

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH 10 28 1918
(Month) (Day) (Year)

6 DATE OF BIRTH June 9 1874
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 10/27, 1918, to 10/28, 1918, that I last saw her alive on 10/28, 1918,

7 AGE 4 yrs. 4 mos. 19 ds. If LESS than 1 day... hrs. or... min.?

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

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

10
Influenza

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

(Duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia Lobar (Secondary)

PARENTS

10 NAME OF FATHER Elias Carter

(Duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

(Signed) Wm A. Houghton M. D.

12 MAIDEN NAME OF MOTHER Don't know

10/28, 1918 (Address) St Louis Mo

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Informant) J. S. Sidmore
(Address) Heacock Mo.

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

15 Filed Jan. 12, 1919 J. F. Brooks Registrar

19 PLACE OF BURIAL OR REMOVAL Stanfield Cemetery DATE OF BURIAL 10-28, 1918

20 UNDERTAKER Wm. H. Woods ADDRESS Clariton Mo.

United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative value of various pursuits can be known. The same applies to each and every person, irrespective of sex. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil engineer*, *Stationary fireman*, etc. But in some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman in Grocery*; (a) *Foreman*; (b) *Automobile factory*. Material worked on may form part of the second line. Never return "Laborer," "Foreman," "Farmer," "Dealer," etc., without more precise information, as *Day laborer*, *Farm laborer*, *Laborer—mechanic*, etc. Women at home, who are engaged in domestic duties of the household only (not paid. *Housewife* who receive a definite salary), may be entered as *wife*, *Housework*, or *At home*, and children, when fully employed, as *At school* or *At home*. It should be taken to report specifically the occupation of persons engaged in domestic service for the household, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of disease causing death, state occupation at the time of illness. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 yrs.)*. Sons who have no occupation whatever, should be entered as *one*.

Statement of cause of death.—Name, first, and last, of disease causing death (the primary affection, with respect to time and causation), using always the accepted term for the same disease. Examples: *Spinal fever* (the only definite synonym is *acute cerebrospinal meningitis*); *Diphtheria* (never use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name of organ or tissue of 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), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "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.)