

34319B

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

4

## 1 PLACE OF DEATH

 County Jefferson  
 or  
 Township Rock  
 or  
 Village  
 or  
 City (NO. St. Ward)

 Registration District No. 423  
 Primary Registration District No. 5578

 File No. 34319-2  
 Registered No. 76

## 2 FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Female  
 4 COLOR OR RACE W.  
 5 SINGLE MARRIED WIDOWED OR DIVORCED  
married (If write the word)

 6 DATE OF BIRTH March 24, 1879  
 (Month) (Day) (Year)

 7 AGE 39 yrs 6 mos 19 ds.  
 If LESS than 1 day.....hrs. or.....min?

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

 9 BIRTHPLACE  
 (City or town, State or foreign country) Monmouth Ill

 PARENTS  
 10 NAME OF FATHER Lore Little  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Quincy Ill  
 12 MAIDEN NAME OF MOTHER Ida Smith  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Monmouth Ill

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Louis Dill  
 (Address) Barnhart Mo.

 15 Filed Oct 24 1918 M. J. Kinn  
 Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Oct 23 1918  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, that I attended deceased from Oct 9 1918 to Oct 23 1918

 that I last saw her alive on Oct 23 1918

 and that death occurred, on the date stated above, at 4 a. m.

## The CAUSE OF DEATH\* was as follows:

Influenza with  
Pneumonia (acute)  
11A  
106A (Duration) 10 yrs. 6 mos. 6 da.

## CONTRIBUTORY (Secondary)

 (Duration) 10 yrs. 6 mos. 6 da.  
 (Signed) W. W. Buel M. D.  
Oct 24 1918 (Address) Sulphur Springs 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 10 yrs. 6 mos. 6 da. In the State 10 yrs. 6 mos. 6 da.

Where was disease contracted if not at place of death?

Former or usual residence

 19 PLACE OF BURIAL OR REMOVAL Burgess Cemetery DATE OF BURIAL Oct 25 1918

 20 UNDERTAKER Aug. Halbigtag ADDRESS Union Station

R. A. 3

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 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); *Tuberculosis of lungs, meninges, peritoneum*, 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 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.)