

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

1 PLACE OF DEATH  
County St. Francois  
Township Randolph Registration District No. 33 File No. 48320  
or Leadwood mo Primary Registration District No. 6024B Registered No. 68  
or City (NO. ....) St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie Chanamude

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 31 1879  
(Month) (Day) (Year)

7 AGE 39 yrs 11 mos 30 ds. If LESS than 1 day... hrs. or... min.?

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

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

PARENTS  
10 NAME OF FATHER don't know  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Russia  
12 MAIDEN NAME OF MOTHER don't know  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Henry Chanamude  
(Address) Leadwood, mo.

15 Filed 12/31 1918 R. Appenry Registrar  
Lois Miller

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 29 1918 to Dec 30 1918 that I first saw her alive on Dec 30 1918 and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH\* was as follows:  
Mitral Insufficiency  
92A  
19  
(Duration) 5 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) Solomon S. Tinson, M. D.  
12/31 1918 (Address) Leadwood, 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 Leadwood mo DATE OF BURIAL 12/31 1918

20 UNDERTAKER E. S. Baizer ADDRESS Leadwood 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.

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

# Revised United States Standard Certificate of Death

and American Public Health Association.]

**Occupation.**—Precise statement of occupation, so that the relative results 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 some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the business or industry, and there-fore provide for the latter only when needed. Examples: (a) *Salesman in a factory*.

**Place of death.**—Specify, as *Manana*, *specification*, *Coal mine*, etc. in the duties of the housekeepers who receive a definite occupation, as *Housewife*, *Housework*, or *At home*, if employed, as *At school* or *At home*. If taken to report specifically the occupations engaged in domestic service for *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state occupation at time of death. If retired from business, that is indicated thus: *Farmer (retired, 6 yrs.)*. If the deceased has no occupation whatever,

**Immediate cause of death.**—Name, first, of the disease CAUSING DEATH (the primary affection to time and causation), using always the same 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. Do not qualify all diseases resulting from childbirth, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for surgical operation was undertaken. For all cases state MEANS OF INJURY and qualify as *FATAL*, *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.)