

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

**1. PLACE OF DEATH**

County Washington Registration District No. 889 File No. 8405  
 Township Richwood Primary Registration District No. 6/85 Registered No. 5  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ellen Margaret Dalton

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 6 29 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Peter Mahurin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo  
 (STATE OR COUNTRY)

14. INFORMANT Moses Dalton  
 (Address) Richwood mo

15. FILED Feb 7 1919 Oavid Ford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1919

17. I HEREBY CERTIFY That I attended deceased from Jan 15, 1919, to Feb 7, 1919, that I last saw h. ea. alive on Feb 5, 1919, and that death occurred, on the date stated above, at 945 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) influenza  
 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Oavid Ford, M. D.

, 19 (Address) Richwood mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fletcher mo DATE OF BURIAL Feb 8 1919

20. UNDERTAKER Wagon Bros ADDRESS Richwood

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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

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

V. S. No. 2 A

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

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.

1 PLACE OF DEATH

*Warkruster  
Richwoods*

Registration District No.

*889*

File No.

*8104*

Primary Registration District No.

*6183*

Registered No.

*43*

(NO. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME

*Ellen Margaret Dalton*

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE *white* 5 SINGLE MARRIED *married*  
WIDOWED  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH *July 8 1882*  
(Month) (Day) (Year)

If LESS than 1 day, hrs. or min.?

*3.6 yrs. 6 mos. 29 ds.*

7 OCCUPATION *Housewife*

8 GENERAL NATURE OF INDUSTRY, TRADE, PROFESSION, OR BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

9 PLACE OF BIRTH (City or town, State or foreign country)

*Mo*

10 NAME OF FATHER *Preston Mahurin*

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

12 MAIDEN NAME OF MOTHER *Julia White*

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

14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15 SIGNATURE OF DECEASED (Address) *Moses Dalton  
Richwoods*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb. 7 1919*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 13 1919* to *Feb 7 1919*  
that I last saw her alive on *Feb 5 1919*

and that death occurred, on the date stated above, at *9:45 a.m.*

The CAUSE OF DEATH\* was as follows:

*Cont  
Pneumonia*  
*10 1/2*  
(Duration) yrs. mos. *10* ds.

CONTRIBUTORY (Secondary) *Influenza*  
(Duration) yrs. mos. *12* ds.

(Signed) *David Ford* M. D.  
*Feb 7 1919* (Address) *Richwoods*

\*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

*Fletcher Mo*

DATE OF BURIAL

*Feb 8 1919*

20 UNDERTAKER

*Rayn Bros*

ADDRESS

*Richwoods*

19 DATE OF DEATH *Feb 7 1919* (Address) *Richwoods*

Registered

1 PLACE OF DEATH

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

County .....  
 Township .....  
 or .....  
 Village .....  
 or .....  
 City ..... (NO. ....) .....  
 Registration District No. ....  
 Primary Registration District No. ....  
 File No. ....  
 Registered No. ....  
 St. .... Ward .....  
 [If death occurred in hospital or give its NAME of street and

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX .....  
 4 COLOR OR RACE .....  
 5 SINGLE MARRIED WIDOWED DIVORCED (WRITE IN WORDS) .....  
 6 DATE OF BIRTH ..... (Month) ..... 1 (Day) ..... 1 (Year) .....  
 7 AGE ..... yrs ..... mos ..... ds. IF LESS than 1 day ..... hrs. or ..... min.?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work .....  
 (b) General nature of industry business, or establishment in which employed (or employer) .....  
 9 BIRTHPLACE (City or town, State or foreign country) .....  
 10 NAME OF FATHER .....  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) .....  
 12 MAIDEN NAME OF MOTHER .....  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....  
 (Address) .....  
 15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... (Month) ..... 19 (Day) ..... 19 .....

17 I HEREBY CERTIFY, that I attended deceased that I last saw him ..... alive on ..... 191 ..... to ..... 1 ..... and that death occurred, on the date stated above, at .....  
 The CAUSE OF DEATH\* was as follows:  
 8405

CONTRIBUTORY (Secondary)

(Signed) ..... (Duration) ..... yrs ..... mos .....  
 ..... (Duration) ..... yrs ..... mos .....  
 ..... 191 ..... (Address) .....

\*State the Disease Causing Death or, in death from Violent Cause (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Travel or Recent Residents) .....  
 At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos .....  
 Where was disease contracted if not at place of death? .....  
 Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL .....

20 UNDERTAKER

ADDRESS .....

N. H.—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. Rknot statement of OCCUPATION is very important.

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

MARGIN RESERVED FOR BINDING