

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

25861

PLACE OF DEATH
County St. Genevieve
Township Wagon
or Spotts
Village _____
or _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 934
Primary Registration District No. 6026

File No. _____
Registered No. 8

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

FULL NAME

Rachel Hobough

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)
DATE OF BIRTH October 28, 1833
(Month) (Day) (Year)
AGE 85 yrs. 9 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH August 5, 1919
(Month) (Day) (Year)

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

I HEREBY CERTIFY, that I attended deceased from Aug 2, 1919, to Aug 5, 1919, that I last saw her alive on Aug 5, 1919, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Dysentery

BIRTHPLACE (City or town, State or foreign country) St. Genevieve Mo

(Duration) yrs. mos. 8 ds.

PARENTS NAME OF FATHER William Edwards
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Mary Herrod
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

Contributory (SECONDARY) Senility
(Duration) yrs. mos. ds.
(Signed) G. B. Perkins M. D.
Aug. 5, 1919 (Address) Farmington, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Hobough
(ADDRESS) Farmington, Mo.

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

Filed 8/12 1919 by H. Morgantec REGISTRAR

PLACE OF BURIAL OR REMOVAL Local View Cemetery DATE OF BURIAL 8/6 1919
UNDERTAKER Heiderich Med. Co ADDRESS Farmington Mo

No. 11—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 sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Seaman*, etc. But in many cases especially in employments, it is necessary to know (a) the nature and also (b) the nature of the business or occupation; therefore an additional line is provided for

more detailed 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," "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 but not paid *Housekeepers* who receive a definite salary, are entered as *Housewife*, *Housework*, or *At home*, and those not gainfully employed, as *At school* or *At home*. Those engaged in domestic service for wages, as *Servant*, *Housemaid*, etc. If the occupation has been given up on account of the DISEASE CAUSING DEATH, the occupation at beginning of illness. If re-employment, that fact may be indicated thus: *Retired, 6 yrs.* For persons who have no occupation, 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.)