

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

26839

1. PLACE OF DEATH
 County North Registration District No. 903 File No. 27950
 Township 66 Scotchell Primary Registration District No. 6012 Registered No. 13
 City (No.) St. Ward

2. FULL NAME Maryta Grand Miller
 (a) Residence No. North St. Ward

Length of residence in city or town where death occurred yrs. ... mos. ... ds. How long in U.S., if of foreign birth? yrs. ... mos. ... ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
73 6 —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home wife
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Cleveland
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Hardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 764
 (STATE OR COUNTRY) —

12. MAIDEN NAME OF MOTHER Maryta Gray

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

14. INFORMANT Pearl S. S. S.
 (Address) North

15. FILED Sept 19 1919 John Andrews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1919

17. I HEREBY CERTIFY, That I attended deceased Aug 11 1919 to Aug 11 1919 that I last saw him live on Aug 11 1919 and that death occurred, on the date stated above, at 11 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1076 Bronchial Asthma
1221
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) ... yrs. ... mos. ... ds. 6

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

19. DID AN OPERATION PRECEDE DEATH... no DATE OF —

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) A. G. King, M. D.
Sept 1 1919 (Address) Bloomington Iowa

*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 Allendale Mo. DATE OF BURIAL 8/14 1919

20. UNDERTAKER T. S. Rhoades ADDRESS North

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.

Revise

Approved

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MISSOURI

STATE BOARD OF HEALTH

Bureau of Vital Statistics

JEFFERSON CITY, MO.



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"Typhoid pneumonia"; *Lobar pneumonia*; *Broncho-pneumonia* ("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.