

Recd.

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

523

1. PLACE OF DEATH
 County Clinton Registration District No. 707 File No. 523
 Township Plattsburg Primary Registration District No. 4125 Registered No. 9
 City Plattsburg (No.) St. Ward)

2. FULL NAME Hannorah O'Connor
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-19-1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>9</u>	<u>24</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Clinton County Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Timothy O'Connor

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

12. MAIDEN NAME OF MOTHER Ella Sullivan

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

14. INFORMANT Dan H. O'Connor
 (Address) Plattsburg, Mo.

15. FILED 1/14/20 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1920

17. I HEREBY CERTIFY, That I attended deceased from 1900, 19... to Jan 13 1920, that I last saw him alive on Jan 13 1920, and that death occurred, on the date stated above, at 79 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy Grand Mal
 (duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) GI
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? ..
 DID AN OPERATION PRECEDE DEATH? .. DATE OF ..
 WAS THERE AN AUTOPSY? ..
 WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem
 (Signed) Robert W. ... M. D.
1-14 1920 (Address) Plattsburg 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 St Calvary Plattsburg DATE OF BURIAL 1-15 1920

20. UNDERTAKER W. W. Thompson ADDRESS Plattsburg Mo

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.

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 pneumonia* ("Pneumonia," unqualified, is *Tuberculosis of lungs, meninges, peritonitis, Carcinoma, Sarcoma*, etc., of origin; "Cancer" is less definite; avoid use for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic nephritis*, etc. The contributory (secondary or concurrent) affection need not be stated if not important. Example: *Measles* (disease causing death) *29 ds.; Bronchopneumonia* (secondary). Never report mere symptoms or terminal affections such as "Asthenia," "Anemia" (merely "Anemic"), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile"), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uremia," "Weakness," etc. If a definite disease can be ascertained as the cause of death, it should be stated. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL," "PUERPERAL peritonitis," etc. State the nature of the injury if the death was violent. State MEANS OF INJURY as ACCIDENTAL, SUICIDAL, OR HOMICIDE, if probably such, if impossible to determine, as "Accidental drowning; struck by way train—accident; Revolver wound homicide; Poisoned by carbolic acid—probable." The nature of the injury, as fracture of bone, and its consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Refer to the Committee on Nomenclature of the Medical Association.)

NOTE.—Individual offices may add to above list of diseases such terms as they desire to use. Thus the form in use in New York City states that the form will be returned for additional information when the following diseases, without explanation, are the cause of death: *Abortion, cellulitis, childbirth, convulsions, gangrene, gastritis, erysipelas, meningitis, necrosis, peritonitis, phlebitis, pyemia, septicemia*. But general adoption of the minimum list suggests vast improvement, and its scope can be extended.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN.