

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

12501

1. PLACE OF DEATH

County Knox Registration District No. 1056 File No. 604
 Township Colony Primary Registration District No. 5899 Registered No. 604
 City (No.) St. Ward

2. FULL NAME

Sarah A. Crawford
 (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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1924

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 4 1924 to May 4 1924, and that I last saw h. alive on May 4 1924 and that death occurred, on the date stated above, at 3:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1847

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral Apoplexy
45 minutes

7. AGE YEARS MONTHS DAYS
74 11 17
 If LESS than 1 day, hrs. min.

45 minutes (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Organic Heart disease with arteriosclerosis
 (duration) 2 yrs. yrs. mos. ds.

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

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

10. NAME OF FATHER William Hall

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deerfield Cemetery

12. MAIDEN NAME OF MOTHER Priscilla Hall

WHAT TEST CONFIRMED DIAGNOSIS.
 (Signed) J. R. Northcutt M. D.
 , 19 (Address) Knox City Mo

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

*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.)

14. INFORMANT Sarah Crawford
 (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deerfield Cemetery DATE OF BURIAL May 6 1924

15. FILED May 5 1924 C. C. Hoffman REGISTRAR

20. UNDERTAKER Smith & Bassett ADDRESS

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, Composer, 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 (dis 29 ds.; Bronchopneumonia* (Never report mere symptoms or such as "Asthenia," "Anemia" atic), "Atrophy," "Collapse," sions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart f orrhage," "Inanition," "Marasmus," "Shock," "Uremia," "Weakness," definite disease can be ascertained Always qualify all diseases resulti birth or miscarriage, as "PUERPER "PUERPERAL peritonitis," etc. S... rianter, rnystr tive Engineer, C But in many of ments, it is nec and also (b) th and therefore a latter statement As examples: (a man, (b) Grocer; tory. The mater second statemen man," "Manage precise specificat 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.)

Notes.—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.