

JAN 25 1927

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

18203a

1. PLACE OF DEATH
 County Mercer Registration District No. 556 File No. 557
 Township Kavanaugh Primary Registration District No. 556-57 Registered No. 6
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Flora Chamber
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 2 19

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 _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1921
 17. I HEREBY CERTIFY, That I attended coroner from Feb. 15, 1921 to July 1, 1921 that I last saw her alive on July 1, 1921, and that death occurred, on the date stated above at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Tuberculosis pulmonary chronic
 of upper & middle lobes, left upper &
 & lower lobes with cavity formation
 left upper lobe (duration) unknown da.

CONTRIBUTORY (SECONDARY) Exhaustion
 (duration) 23 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mercer Co, Mo
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Stephen Shively

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

12. MAIDEN NAME OF MOTHER Maudie Chamber

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Tubercillus in Sputum
 (Signed) A. B. Cristow, M. D.
July 2, 1921 (Address) Princeton, 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.)

14. INFORMANT Leva Chamber
 (Address) Newtown, Mo

15. FILED 7/4/21
June 13 - 1927
J. M. Cherry REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Swan Cemetery DATE OF BURIAL July 2, 1921
 20. UNDERTAKER L. W. Lowery ADDRESS Kavanaugh Mo

Revised Uniform 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 pneumon-
pneumonia ("Pneum-
bar pneumonia; i
 unqualified, is inde
unqualified, is inde
Tuberculosis of lungs, meningitis, peritonium, etc.
Carcinoma, Sarcoma, etc., of (name orig-
 in; "Cancer" is less definite; avoid use of "Tumor"
 for malignant neoplasma); *Measles*; *Whooping cough*;
Chronic valvular heart disease; *Chronic interstitial*
nephritis, etc. The contributory (secondary or inter-
 current) affection need not be stated unless im-
 portant. Example: *Measles* (disease causing death),
29 ds.; *Bronchopneumonia* (secondary), *10 ds.*
 Never report mere symptoms or terminal conditions,
 such as "Asthenia," "Anemia" (merely symptom-
 atic), "Atrophy," "Collapse," "Coma," "Convul-
 sions," "Debility" ("Congenital," "Senile," etc.),
 "Dropsy," "Exhaustion," "Heart failure," "Hem-
 orrhage," "Inanition," "Marasmus," "Old age,"
 "Shock," "Uremia," "Weakness," etc., when a
 definite disease can be ascertained as the cause.
 Always qualify all diseases resulting from child-
 birth 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 rail-
 way 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 undesir-
 able 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, hemor-
 rhage, 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.