

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

1 PLACE OF DEATH  
County Howell  
Township Hutton Valley  
or  
Village  
or  
City

Registration District No. 979 File No. 12335  
Primary Registration District No. 5537 Registered No.  
(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliza Smith

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>	16 DATE OF DEATH <u>April 21, 1922</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Dec 23, 1827</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>April 3, 1922, to 4 - 21, 1922</u> that I last saw her alive on <u>4. 21, 1922</u> and that death occurred, on the date stated above, at <u>4 20 P.M.</u> The CAUSE OF DEATH* was as follows: <u>congenital senile</u>
7 AGE <u>94 yrs. 3 mos. 28 ds.</u> IF LESS than 1 day... hrs. or... min.?			18 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.
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry business, or establishment in which employed (or employer)			19 PLACE OF BURIAL OR REMOVAL <u>Hutton Valley</u>
9 BIRTHPLACE (City or town, State or foreign country) <u>Overton County Tenn</u>			20 UNDERTAHER <u>L. H. Russell</u>
PARENTS	10 NAME OF FATHER <u>George Smith</u>		DATE OF BURIAL <u>4 - 23, 1922</u>
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>		ADDRESS <u>Willow Springs Mo</u>
	12 MAIDEN NAME OF MOTHER <u>Nancy Warrington</u>		
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>George Smith</u> (Address) <u>Willow Springs Mo.</u>			
15 Filed <u>22, 1922</u> <u>D. P. Webster</u> Registrar			

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

# 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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, 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 child-birth 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.)

Name: Eliza Smith

Who died at: Bonwell Co on April 21 1922

Residence: No. No Permanent Residence St. \_\_\_\_\_  
(if nonresident, city or town)

Length of residence in city or town where death occurred: Years don't know Months don't know Days \_\_\_\_\_

Sex: Female Color or race: White Single, married, widowed or divorced: Single

Date of birth: Dec 23 1827 Age: Years 94 Months 9 Days 0.5

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) Penn

Birthplace of father (State or country) Penn

Birthplace of mother (State or country) Penn

CAUSE OF DEATH: Congenital Senile = There Was No Acute Disease = Nor Chronic Disease

Contributory: Seemingly To Die of Old age

Where was disease contracted? \_\_\_\_\_

Did operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No What test confirmed diagnosis? Observation

Name of physician: D. P. Whitton M.D.

Address of physician: Street 201 Waller - Mo

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