

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

**1. PLACE OF DEATH**

County Johnson Registration District No. 432 File No. \_\_\_\_\_  
 Township Centerview Primary Registration District No. 5589 Registered No. \_\_\_\_\_  
 City Agnes Paul Macklin St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Mary Agnes Gilbert  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)  
 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 4 21 1/2

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

9. BIRTHPLACE (CITY OR TOWN) Bon Hill, Scotland  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Paul Macklin

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

12. MAIDEN NAME OF MOTHER Sophia Prosser

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

14. INFORMANT Mrs Geo Harring  
 (Address) Centerview, Mo

15. FILES \_\_\_\_\_ REGISTRAR \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1922

17. I HEREBY CERTIFY That I attended deceased from May 12 1922 to May 13 1922 that I last saw him alive on May 12 1922 and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IS NOT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? hem. cal  
 (Signed) W. J. Johnson, M. D.  
 (Address) Warrensburg, 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 Malone, Lora DATE OF BURIAL May 15 1922

20. UNDERTAKER J. M. M<sup>e</sup> Macklin ADDRESS Warrensburg, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

# 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 neoplasma); *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.

DEC 21 1944

DEC 19 1944

Bills & Co. 11/21/44

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

*May*

**1. PLACE OF DEATH**

County Jackson Registration District No. 432 File No. \_\_\_\_\_  
 Township Center View Primary Registration District No. 5589 Registered No. 13  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs Mary Agnes Gilberk

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) X 5-30-1922 X

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

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1842

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Bronchopneumonia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 4 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Bon Hill (STATE OR COUNTRY) Scotland

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

10. NAME OF FATHER John Mackley

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Wm E. Johnson, M. D.  
19\_\_\_\_ (Address) Wardensburg Mo.

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

\*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 Mrs Geo Harring (Address) Center View Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Center View Mo DATE OF BURIAL 19\_\_\_\_

15. FILED 11-3-22 C. Hyatt REGISTRAR

20. UNDERTAKER McMeekin ADDRESS Wardensburg Mo

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

Not properly classified.

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

MAR 14 1945

16094

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
County of Johnson } ss.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 16094

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. \_\_\_\_\_

On this 30 day of December, 1944, before me appears \_\_\_\_\_

Mrs. George Harring, who, upon her oath, states that the original record of <sup>birth</sup> ~~death~~

for Mrs. Agnes Gilbert, <sup>died</sup> ~~born~~ May 13, 1922, in the State of

Missouri, and which was filed at Jefferson City on 1922, should be corrected as follows:

Item No. 2 should read Mrs. Agnes Macklin Gilbert

Instead of Mrs. Mary Agnes Gilbert

Item No. 6 should read Dec. 22, 1842

Instead of Dec. 31, 1842

Item No. 10 should read John Paul Macklin

Instead of John Macklin

Item No. 12 should read Sophia Proport

Instead of Unknown

Item No. 16 should read May 13, 1922

Instead of \_\_\_\_\_

Item No. 2 should read Mrs. Agnes Paul Macklin Gilbert

Instead of Mrs. Mary Agnes Gilbert

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief,

(SEAL) Affiant: Mrs. Geo. Harring Daughter Relationship.

Centerview, Missouri

Present Address.

Subscribed and sworn to before me this 30 day of December, 1944

My Commission expires Dec. 31, 1946 G. R. Phipps Notary Public  
County Clerk

16091