

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

1 PLACE OF DEATH

County Lawrence

Township Mount Vernon

or X

Village X

or X

City Mo. State Sanatorium

Registration District No. 470

File No. 64

Primary Registration District No. 5633

Registered No. 64

(NO. Mo. State Sanatorium St. Ward)

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

2 FULL NAME Maggie Frazier

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OF DIVORCED Married
(Write the word)

16 DATE OF DEATH August 29 1922
(Month) (Day) (Year)

6 DATE OF BIRTH April 4 1897
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 6, 1912, to August 29 1922

7 AGE 25 yrs. 4 mos. 25 ds. If LESS than 1 day, hrs. or min.?

that I last saw her alive on August 29, 1922, and that death occurred, on the date stated above, at 1:30 P.M.

8 OCCUPATION (a) Trade, profession, or particular kind of work House-wife (b) General nature of industry business, or establishment in which employed (or employer) Home

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

9 BIRTHPLACE Lawson Missouri
(City or town, State or foreign country)

(Duration) 7 yrs. 24 mos. ds.

10 NAME OF FATHER William McCullough

CONTRIBUTORY None
(Secondary)

11 BIRTHPLACE OF FATHER Missouri
(City or town, State or foreign country)

(Duration) yrs. mos. ds.
(City, St., M. D.) St. Britton

12 MAIDEN NAME OF MOTHER Ellen Thompson

(Address) Mt. Vernon Mo.

13 BIRTHPLACE OF MOTHER Missouri
(City or town, State or foreign country)

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Mo. State S.B. Records
(Informant)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 2 yrs. 24 ds. In the State 25 yrs. 4 mos. 25 ds.

Where was disease contracted Praymet No.
if not at place of death?

Former or usual residence Braymer Mo.

(Address) Mt. Vernon, Mo.

15 Filed Sept 9 1922 W. J. Frazier

19 PLACE OF BURIAL OR REMOVAL Hannilton DATE OF BURIAL Aug 31 1922

20 UNDERTAKER Caro Co ADDRESS Mt. Vernon

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHISICIANS should state EXACTLY. AGE should be stated EXACTLY. PHISICIANS should state EXACTLY. PHISICIANS should state EXACTLY.

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* (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.)