

1 PLACE OF DEATH

County JacksonTownship Blue Spring

or

Village

or

City

Registration District No. 295File No. 21319Primary Registration District No. 4232

Registered No.

(NO. St. Ward)

2 FULL NAME

Martha Sims

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

Nov 27 1854
(Month) (Day) (Year)

7 AGE

68 yrs 7 mos 29 ds.If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry
business, or establishment in
which employed (or employer)

9 BIRTHPLACE

(City or town,
State or foreign country)Tenn10 NAME OF
FATHERIsaac Saylor11 BIRTHPLACE
OF FATHER

(City or town, State or foreign country)

Tenn12 MAIDEN NAME
OF MOTHERMargaret Brown13 BIRTHPLACE
OF MOTHER

(City or town, State or foreign country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henry S. Green

(Address)

Bates City Mo

15

Filed

Sept 17, 1923J. W. Little

Registrar

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 26, 1923
(Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from

May 27, 1923, to July 26, 1923.that I last saw him alive on July 25, 1923.and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of uterus

CONTRIBUTORY

(Secondary)

(Duration) 1 yrs 4 mos 6 ds.(Signed) Joseph S. Snodgrass M. D.July 27, 1923 (Address) Blue Spring Mo*State the Disease Causing Death, or, in death from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.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.....

19 PLACE OF BURIAL OR REMOVAL

Concord

DATE OF BURIAL

7-28, 1923

20 UNDERTAKER

Ed. Webb

ADDRESS

Blue Springs

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, 8 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 childbirth 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.)

PLACE OF DEATH

County

Township

Village

City

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

Registration District No.

File No.

Primary Registration District No.

Registered No.

(No.)

St.

Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write in words)

DATE OF BIRTH

AGE

IF LESS THAN
1 day, ... hrs.
or ... min.?

OCCUPATION

a. Trade, profession, or
particular kind of work.b. General nature of industry,
business, or establishment in
which employed (for employee)

BIRTHPLACE

(City or town,
or foreign country)

PARENTS

10. NAME OF
FATHER11. BIRTHPLACE
OF FATHER

(City or town, State or foreign country)

12. MARRIED NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(City or town, State or foreign country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILE

15. DATE OF DEATH

17

I HEREBY CERTIFY, that I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at P.M.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(Secondary)

(Duration)

(Signed) J. S. L. S. M. D.

Date of death, 1923 (Address) Blue Spring 2112

(1) Means of Disease Contracted Death, or, in addition Violent Cause, such
as (2) Means of Injury; and (3) whether Accidental, Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
or Recent Residents)

At place of death, yrs. mos. da. In the State, yrs. mos. da.

Where was disease contracted
if not at place of death?Former or
usual residence.

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. SIGNATURE

ADDRESS

Item #12 corr. by aff. From granddaughter - 9-10-81