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

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

33473

1. PLACE OF DEATH Jefferson
County ~~Justin~~ Registration District No. 421 File No.
Township Platte Primary Registration District No. 5576 Registered No. 115
City (No. St. Ward)

2. FULL NAME Mary E. Griffin
(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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Griffin
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 1833
7. AGE Years 89 Months 1 Days 27 If LESS than 1 day, ...hrs. or ....min.
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
9. BIRTHPLACE (CITY OR TOWN) Ste Genevieve Co. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Andrew Fite
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Meggett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste Genevieve Co.
(STATE OR COUNTRY)

14. INFORMANT Jennie Griffin
(Address) Platte, Mo.
15. FILED Dec. 1 1923 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1923
17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1923, to Nov. 18, 1923 that I last saw her alive on Nov. 11, 1923, and that death occurred, on the date stated above, at 1 P. m.
THE CAUSE OF DEATH WAS AS FOLLOWS:
Valvular Heart Disease
Aortic insufficiency + regurgitation
(duration) 40 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Age
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Rutledge, M. D
Nov. 19, 1923 (Address) Festus, 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 Rushtown Mo
DATE OF BURIAL 11-20, 1923
20. UNDERTAKER Festus Furn. Mo.
ADDRESS Festus

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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; Br pneumonia* ("Pneumonia," unqualified, is indefi *Tuberculosis of lungs, meninges, peritoneum, Carcinoma, Sarcoma*, etc., of.....(nam gin; "Cancer" is less definite; avoid use of "Tu for malignant neoplasms); *Measles; Whooping Chronic valvular heart disease; Chronic inter nephritis*, etc. The contributory (secondary tercurrent) affection need not be stated unles portant. Example: *Measles* (disease causing d *29 ds.;. Bronchopneumonia* (secondary), *1* Never report mere symptoms or terminal condi such as "Asthenia," "Anemia" (merely sym atic), "Atrophy," "Collapse," "Coma," "Co sions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," " orrhage," "Inanition," "Marasmus," "Old "Shock," "Uremia," "Weakness," etc., wh definite disease can be ascertained as the Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL *septice* "PUERPERAL *peritonitis*," etc. State caus which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and q as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, *probably* such, if impossible to determine defi Examples: *Accidental drowning; struck by way train—accident; Revolver wound of h homicide; Poisoned by carbolic acid—probably s* The nature of the injury, as fracture of skul consequences (e. g., *sepsis, tetanus*) may be under the head of "Contributory." (Recomm tions on statement of cause of death approv Committee on Nomenclature of the Am Medical Association.)

NOTE.—Individual offices may add to above list of u able terms and refuse to accept certificates containing Thus the form in use in New York City states: "Cert will be returned for additional information which give the following diseases, without explanation, as the sole of death: Abortion, cellulitis, childbirth, convulsions, rhage, gangrene, gastritis, erysipelas, meningitis, misca necrosis, peritonitis, phlebitis, pyemia, septicemia, tot But general adoption of the minimum list suggested wi vast improvement, and its scope can be extended at date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.