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

1. PLACE OF DEATH County, KINOX Township, Denitor TopAckings St Rutheode, (Na		CERTIFICA	TE OF DEATH		1531
TOWNSHIP, BERLEVOLDE (No. St. Ward) 2. FULL NAME MATY AND Addens (a) Residences, No. Rutledge, Mo. St. Ward. (b) Residences, No. Rutledge, Mo. St. Ward. (c) Usual place of abode) Length of reddence in city or town where death occurred 27 yrs. 10 me. 8 ds. How long in U.S., if at foreight high? PERSONAL AND STATISTICAL PARTICULARS 1. SEX	1)	•	1 hed 1		TOOT
Township, DERICOR TORAGETERS - Rutled Be (No		Registration District		Pile No	(2)-31······
2. FULL NAME MATY. ANN Adams (a) Reithers, Name Mary. Ann Adams (b) Reithers, Name Mary. Ann Adams (c) Reithers, Name Mary. Ann Adams (d) Reithers, Name Mary. Mar	Township Benton	Primary Registration	District No. J. To O.O.		T 2
Englishers, No. Rutledge, Mo. Length of residence in city or town where death occurred 27 yr. 10 ms. 8 ds. How long in U.S. H of foreign birth? Pro man ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE S. Survay, Massette, Willows or White Wildow Sa. Ir Massette, Wildows, No Divosette Color Wildows Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Sa. Ir Massette, Wildows, No Divosette Color Wildows Sa. Ir Massette, Wildows, No Wildows Sa. Ir Massette, No Wildows Sa. Ir Mass	Caddress Rutledge (No.			SŁ	Ward)
15. SEX 4: COLOR OR RACE S. SINKAE, MARRIED, WIDOWED OR DIVORCED (sprite the word) Widow Female White Widow SA. If MARRIED, WIDOWED, or DIVORCED THIS SAND OF COLOR OR DIVORCED THE WIDOWED, OR DI	(a) Residence. No. Rutledge M	0 si.	Ward. (If no		- -
Female White Widow Sa. If Marked Widows, or Divorce or (or) William BYAdams Sa. Date of Birth (Month, day and year) Oct 9 1855 7. AGE Years Months Days II LESS than 1 day, brainess, or establishment in white employer (or employer). So. Descriptions kind of work. So. Occupation of Deceased (a) Trefa, profession, or	PERSONAL AND STATISTICAL PARTI	MEDICAL CERTIFICATE OF DEATH			
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SA. IF MARRIED, WIDOWED, OR DIVIDECED (NEW WIFE OF WILLIAM H? Addems 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9. 1855 7. ACE YEARS MONTHS DAYS IT LESS than 1 day, br. or min. 8. OCCUPATION OF DECEASED (a) Trude, profession, or perticular hind of work HOUSEWIfe (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) KNOX COUNTY MISSOUT (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER WILLIAM P. DOUGLAS 12. MAIDEN NAME OF MOTHER SATAH . WITT 13. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) BOONE COUNTY MISSOUT 14. BIFTOMMANT G. D. Adams, N. A. Adams, (Address) Lettnoyne, Neb Rutledge, MO 15. M. WILLIAM SOUTH MISSOUTI 16. DIAM OFFERING DEATH, or in deaths from Viculary Causar, state (1) Mains and Nature of Incurry, and (2) whether Accountry at the Incurry of Bouncal, or Housewall edge, MO 15. M. WILLIAM SOUTH MISSOUTI 16. DATE OF BURIAL CREMATION, OR REMOVAL Jan. 10 1,324 17. DIAM OFFERING DEATH, or in deaths from Viculary Causar, state (1) Mains and Nature of Incurry, and (2) whether Accountry is Placed for additional speech. 16. DATE OF BURIAL CREMATION, OR REMOVAL Jan. 10 1,324 17. DIAM OFFERING DEATH. CREMATION, OR REMOVAL Jan. 10 1,324 18. WIRESES CERTIFY, That I altended deceased from Jan. 19. 24. 18. WILLIAM SATE OF DEATH AS FOLIOUS. (direction) J.	77 Thuis		<u> </u>	IND YEAR) JOLLI	ualy 5 19 24
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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: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., gin; "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 misearriage, 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 headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (o. 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, phiebitis, pyemia, septicemia, tetantus." 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 PHYBICIAN.