

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

Do not use this space.

**1. PLACE OF DEATH**

County Benton  
Township Union  
City Tristram

Registration District No. 140  
Primary Registration District No. 5106

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sadella E. Hathaway  
(a) Residence. No. 4 miles east Tristram St. Ward \_\_\_\_\_  
(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) Married

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

George C. Hathaway

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60      3      28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) At Home  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ingham County Michigan  
(STATE OR COUNTRY)

10. NAME OF FATHER B. F. Gwendenburg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quinta Co. Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Angeline Yapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Port Huron Ohio  
(STATE OR COUNTRY)

14. INFORMANT George C. Hathaway  
(Address) Tristram Mo

15. FILED Nov 30 19 24 M. C. Watson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 19 24

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 19 24 to Nov 21 19 24, that I last saw her alive on Nov 2 19 24, and that death occurred, on the date stated above, at Tristram Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

49

CONTRIBUTORY (SECONDARY) Cancer of breast

(duration) 4 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) H. B. Curtis, M. D.  
, 19 (Address) Tristram City 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**

**DATE OF BURIAL**

Independence Mo.

Nov 24 19 24

**20. UNDERTAKER**

**ADDRESS**

C. H. Carson & Sons Indep. Mo.

# Revised United States Standard Certificate of Death

Issued by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative loss of various pursuits can be known. The statement applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer or Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. In many cases, especially in industrial employment, it is necessary to know (a) the kind of work done, (b) the nature of the business or industry, and (c) the material worked on may form part of the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more specification, as *Day laborer, Farm laborer, Coal miner*, etc. Women at home, who are confined to the duties of the household only (not paid *housekeepers* who receive a definite salary), may be reported as *Housewife, Housework* or *At home*, and men, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically 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, middle, and last, in full, with respect to time and causation, using the same accepted term for the same disease as *Cerebrospinal fever* (the only epidemic cerebrospinal fever) (avoid use of "Croup"); *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, W. Chronic valvular heart disease; Chronic nephritis*, etc. The contributory (secondary or terourent) affection need not be stated. Example: *Measles* (disease of 29 ds.; *Bronchopneumonia* (second day); *Septicemia* (3rd day). Never report mere symptoms or terms such as "Asthenia," "Anemia" (menstrual); "Atrophy," "Collapse," "Concussions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uremia," "Weakness," etc.). A definite disease can be ascertained. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL *PUERPERAL peritonitis*," etc. State the means of injury which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY as ACCIDENTAL, SUICIDAL, or HOMICIDE, if probably such, if impossible to determine, as "Accidental drowning; Railway train—accident; Revolver wound; Homicide; Poisoned by carbolic acid—puerperal." The nature of the injury, as fracture, laceration, etc., and its consequences (e. g., *sepsis, tetanus*), if known, should be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Notes.—Individual offices may add to above list of undestrucible 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, pharyngitis, pneumonia, septicemia, tetanus*." The form suggested will work better and be extended at a later date.

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TARY.	ADDRESS	DATE OF BURIAL	M. D.	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING DEATH	STATE	CITY	COUNTY	DISTRICT	WARD	BLOCK	STREET	APARTMENT	BUILDING	FLOOR	ROOM	DISEASE CAUSING 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