MISSOURI

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH County ADAIR Township Salt river City (No. , St. Ward)

Registration District No. 1
Primary Registration District No. 5001

File No. 32433
Registered No. 64

2. FULL NAME Susan GreenStreet

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23 1857

7. AGE: Years 67 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Mo

PARENTS
10. NAME OF FATHER: Isaac Ivie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mollissia Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

14. INFORMANT: Ira Green
(Address) Kirksville Mo

15. FILED 12/13 1924 F. R. Early REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/10 1924

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 12 midnight

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lung
Chronic nephritis
Senility
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. L. Leathers M.D.
12/10 1924 (Address) Kirksville

*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: Cater Memorial Church | DATE OF BURIAL 12/12 1924

20. UNDERTAKER: Davis & Wilson, | ADDRESS Kirksville

N. B. — CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important.

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., *Carcinoma, Sarcoma*, etc., of.....(name origin; "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 tercurrent) affection need not be stated unl[illegible] portant. Example: *Measles* (disease causing [illegible] 29 *ds.*; *Bronchopneumonia* (secondary), [illegible] Never report mere symptoms or terminal con[illegible] such as "Asthenia," "Anemia" (merely syn[illegible] atic), "Atrophy," "Collapse," "Coma," "C[illegible] sions," "Debility" ("Congenital," "Senile," [illegible] "Dropsy," "Exhaustion," "Heart failure," [illegible] orrhage," "Inanition," "Marasmus," "Old [illegible] "Shock," "Uremia," "Weakness," etc., w[illegible] definite disease can be ascertained as the [illegible] Always qualify all diseases resulting from [illegible] birth or miscarriage, as "PUERPERAL *septice*[illegible] "PUERPERAL *peritonitis*," etc. State caus[illegible] which surgical operation was undertaken.

VIOLENT DEATHS state MEANS OF INJURY and q[illegible] as ACCIDENTAL, SUICIDAL, or HOMICIDAL, [illegible] *probably* such, if impossible to determine defi[illegible] Examples: *Accidental drowning; struck by [illegible] way train—accident; Revolver wound of [illegible] homicide, Poisoned by carbolic acid—probably s*[illegible] The nature of the injury, as fracture of sku[illegible] consequences (e. g., *sepsis, tetanus*), may be [illegible] under the head of "Contributory." (Recomm[illegible] tions on statement of cause of death approv[illegible] Committee on Nomenclature of the Am[illegible] Medical Association.)

NOTE.—Individual offices may add to above list of [illegible] able terms and refuse to accept certificates containin[illegible] Thus the form in use in New York City states: "Cer[illegible] will be returned for additional information which giv[illegible] the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." 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 PHYSICIAN.