

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

County Taney
 Township Adair Registration District No. 860859 File No. 308
 City 281008 or 6136 Primary Registration District No. 6136 Registered No. _____
 (No. _____) St.; _____ Ward)

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

2 FULL NAME Mrs Mary Thomason
 (a) Residence. No. Hollister, Mo. 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) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Riley Thomason

6 DATE OF BIRTH May 18 1873
 Month Day Year

7 AGE 52 Years 2 Months 2 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind 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) Newton Co. Arkansas.
 (State or country)

10 NAME OF FATHER Levy W. Edwards

11 BIRTHPLACE OF FATHER (city or town) XXXXXXXXXXXX
 (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) North Carolina
 (State or country)

14 Informant Roscoe Edwards
 (Address) Alpena Pass, Ark. Route 3.

15 Filed July 24, 1925 R. B. Kite Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 20 1925
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925, to July 20, 1925 that I last saw her alive on July 20, 1925 and that death occurred, on the date stated above, at 8.25 PM. The CAUSE OF DEATH* was as follows:
Typhoid Fever

[Signature]
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
 (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted 0 if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
 (Signed) J. Stenberg M. D.
July 22 1925 (Address) Denver, Ark.

* 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, CREATION, or REMOVAL _____ DATE OF BURIAL _____
 19

20 UNDERTAKER _____ ADDRESS _____

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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, 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 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse,"

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 miscarriage, 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 head—homicide; Poisoned by carbonic 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.)

Note.—Certificates may 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, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

17

1. PLACE OF DEATH

County Barney Registration District No. 859 File No. 308
 Township Drump Primary Registration District No. 6130 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Mary Thomason
 (a) Residence, No. Stallister, MO 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 2 21

8. OCCUPATION OF DECEASED

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

BIRTHPLACE (CITY OR TOWN) Newton, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Ray G. Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Carolina

12. MAIDEN NAME OF MOTHER Unknown July 22 1875 (Address) _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

INFORMANT (Address) W. Penitass, 1100 N. 1st St., St. Louis, Mo

15. FILED 76 19 24 Pa. Thornhill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 19 25

I HEREBY CERTIFY That I attended deceased from July 16 19 25 to July 20 19 25
 that I last saw him alive on July 20 19 25 and that death occurred on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS
typhoid fever

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. Steinberg, M.D.

State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state 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
Unknown 19 _____

20. UNDERTAKER ADDRESS
Unknown

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 placement of placards should be indicated. If the death is reported by a physician, the name of the physician should be given. If the death is reported by a layman, the name of the informant should be given. If the death is reported by a coroner, the name of the coroner should be given. If the death is reported by a funeral director, the name of the funeral director should be given. If the death is reported by a hospital, the name of the hospital should be given. If the death is reported by a nursing home, the name of the nursing home should be given. If the death is reported by a prison, the name of the prison should be given. If the death is reported by a military hospital, the name of the military hospital should be given. If the death is reported by a naval hospital, the name of the naval hospital should be given. If the death is reported by an army hospital, the name of the army hospital should be given. If the death is reported by an air force hospital, the name of the air force hospital should be given. If the death is reported by a coast guard hospital, the name of the coast guard hospital should be given. If the death is reported by a merchant marine hospital, the name of the merchant marine hospital should be given. If the death is reported by a fishing vessel hospital, the name of the fishing vessel hospital should be given. If the death is reported by a whaling vessel hospital, the name of the whaling vessel hospital should be given. If the death is reported by a sailing vessel hospital, the name of the sailing vessel hospital should be given. If the death is reported by a steamship hospital, the name of the steamship hospital should be given. If the death is reported by a motorship hospital, the name of the motorship hospital should be given. If the death is reported by a tugboat hospital, the name of the tugboat hospital should be given. If the death is reported by a schooner hospital, the name of the schooner hospital should be given. If the death is reported by a bark hospital, the name of the bark hospital should be given. If the death is reported by a brig hospital, the name of the brig hospital should be given. If the death is reported by a cutter hospital, the name of the cutter hospital should be given. If the death is reported by a sloop hospital, the name of the sloop hospital should be given. If the death is reported by a ketch hospital, the name of the ketch hospital should be given. If the death is reported by a yawl hospital, the name of the yawl hospital should be given. If the death is reported by a schooner hospital, the name of the schooner hospital should be given. If the death is reported by a bark hospital, the name of the bark hospital should be given. If the death is reported by a brig hospital, the name of the brig hospital should be given. If the death is reported by a cutter hospital, the name of the cutter hospital should be given. If the death is reported by a sloop hospital, the name of the sloop hospital should be given. If the death is reported by a ketch hospital, the name of the ketch hospital should be given. If the death is reported by a yawl hospital, the name of the yawl hospital should be given.

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, 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; Broncho-pneumonia* ("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 neoplasm); *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.; *Broncho-pneumonia* (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," "In-anition," "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 miscarriage, 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 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.)

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, 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.

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