

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

Do not use this space.

26539

1. PLACE OF DEATH

County Linn
Township J. 2
City..... (No..... Ward)

Registration District No. 288
Primary Registration District No. 4172

File No.....
Registered No. 97
St..... Ward)

2. FULL NAME

Maudie Wilson
(a) Residence. No..... St.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fm 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25/1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Wilson

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

12. MAIDEN NAME OF MOTHER Mamie Bishop

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

14. INFORMANT (Address) Wm Wilson
Kennett, Mo.

15. FILED 9-26-25 E. J. Blawie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/16 1925

17. I HEREBY CERTIFY, That I attended deceased from 9/16, 1925, to 9/16, 1925, that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum

CONTRIBUTORY (SECONDARY) 1/3
(duration)..... yrs..... mos. 20 da.

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. A. Dwell, M. D.
(Address) Kennett, 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
Dixon Dale Cem 9/18 1925

20. UNDERTAKER ADDRESS
A. C. Lunsell Kennett, Mo.

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.

Revised United States Standard Certificate of Death

S. C. American Public Health

...the precise statement of
...so that the relative
...facts can be known. The
...every person, irrespec-
...occupations a single word or
...on the first line will be sufficient, e. g., *Farmer* or
...*Planter*, *Physician*, *Compositor*, *Architect*, *Locomo-
...ve Engineer*, *Civil Engineer*, *Stationary Fireman*,
...e. But in many cases, especially in industrial em-
...ployments, it is necessary to know (a) the kind of
...work and also (b) the nature of the business or in-
...dustry, 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) *Auto-
...mobile 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 house-
...hold 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 be-
...ginning of illness. If retired from business, that
...fact may be indicated thus: *Farmer (retired, 6
...yrs.)*. For persons who have no occupation what-
...ever, 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 orig-
in; “*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 in-
tercurrent) affection need not be stated unless im-
portant. 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*,” “*In-
anition*,” “*Marasmus*,” “*Old age*,” “*Shock*,” “*Uro-
mia*,” “*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 de-
termine definitely. Examples: *Accidental drown-
ing*; *struck by railway train—accident*; *Revolver wound
of head—homicide*; *Poisoned by carbolic acid—prob-
ably 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 unde-
sirable 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, hemor-
rhage, 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.