

JUL 28 1927
 V.S. 4
 (37998—GM Bla—8-25)
 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.

No
 Has decedent ever served in military or naval service of U. S.?

1 PLACE OF DEATH **Perry**
 County of **Perry**
 Registration
 Dist. No. **657**
 Township **Orange**
 Range **58**
 Section **74**
 Primary Dist. No. **5874**
 * (Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).
 Street and Number, No. _____ St.; _____ Ward, _____ Hospital.

STATE OF **MISSOURI** ORIGINAL
 Department of Public Health—Division of Vital Statistics
 STANDARD CERTIFICATE OF DEATH
 Registered No. _____ (Consecutive No.)
 19111

2 FULL NAME **Becky Thornton**
 (a) Residence No. **Perry Co. Mo.** St.; _____ Ward, _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred **9** 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 **Don't know**
 (Month) _____ (Day) _____ (Year) _____
 7 AGE Years _____ Months _____ Days _____ If LESS than _____ hrs. _____ min.
Thar as can judge 86 yrs
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **House Keeping**
 (b) General nature of industry, business, or establishment in which employed (or employer) **House Keeping**
 (c) Name of employer _____

9 BIRTHPLACE (city or town) **William Co. Illinois**
 (State or Country) _____
 10 NAME OF FATHER **Steve Farmer**
 11 BIRTHPLACE OF FATHER _____
 (State or Country) **Ireland**
 12 MAIDEN NAME OF MOTHER **Don't know**
 13 BIRTHPLACE OF MOTHER **Don't know**
 (city or town) _____ (State or Country) _____

14 INFORMANT **Finis Thornton**
 (personal signature with pen and ink)
 P. O. Address **Wittenberg Mo.**

15 Filed **6-24-27** **E. Bennett**

3 MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH **June 24**, 19**27**
 (Month) _____ (Day) _____ (Year) _____
 17 I HEREBY CERTIFY, That I attended deceased from **May 2**, 19**27**, to **May 17**, 19**27**, that I last saw her alive on **May 12**, 19**27**, and that death occurred, on the date stated above, at **1615** m. The CAUSE OF DEATH* was as follows:
carcinoma stomach and bowel
Don't know
 CONTRIBUTORY (Secondary) **gradual**
 (Duration) _____ yrs. _____ mos. _____ ds.
 18 Where was disease contracted, if not at place of death? **came on at residence**
 Was an operation performed? **no** Date of _____
 For what cause of injury? **none**
 Was there an autopsy? **no**
 What test confirmed diagnosis? **experience**
 (Signed) **Mrs. Sappinger** M. D.
 Address **Grand Tower Ill**
 Date **June 24**, 19**27** Telephone **4200-2**
 *N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.
 19 PLACE OF BURIAL OR REMOVAL **St. Louis Camp Church**
 21 DATE OF BURIAL **June 26, 1927**
 20 UNDERTAKER **St. Lasky**
 (personal signature with pen and ink) ADDRESS **Grand tower**

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, eg., *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 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," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

All deaths from "violence, casualty, or any undue means" must be referred to the coroner; A MEDICAL CERTIFICATE OF DEATH IN SUCH CASES DOES NOT COMPLY WITH THE REGISTRATION LAW OF ILLINOIS. See Section 10, Coroner's Act.

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.
Accident—Refer to Coroner.
Albuminuria—Disease causing?
Angina—Was it scarlet fever or diphtheria?
Ascites—Disease causing?
Asphyxia—Accidental, suicidal—cause?
Asthenia—State cause.
Atrophy—Cause of—tuberculosis, syphilis?
Auto {infection } Cause of?
 {intoxication }
Bowel trouble—Name disease; diarrhoea, dysentery, enteritis, strangulation?
Blood poisoning—State cause.
Bottle feeding—What disease resulted?
Breaking down—What disease?
Cachexia—Cancer, syphilis, tuberculosis, malarial?
Cancer—Primary location.
Cardiac {Asthenia }
 {Debility } Not accepted.
 {Failure }
 {Weakness }
Collapse—From what?
Cold—Not accepted.
Childbirth—Physiological—what caused death?

Cellulitis—Give location and cause.
Coma—Cause {alcoholic?
 {opium, etc.? }
Convulsions—Cause {epileptic—puer-
 {peral?
 {children, diar-
 {rhea—enteritis?
Cramps—State cause of.
Cyanosis—Cause of.
Decline—State cause of.
Debility—From what disease?
Delirium {alcoholic?
 {traumatic?
Dentition—Disease causing death?
Dropsy—Name disease causing.
Dyspepsia—What organic disease?
Eclampsia—State cause of convulsions.
Emphysema—State cause.
Exhaustion—State cause of.
External Violence—Refer to Coroner.
Failure of vital powers—What disease?
Feebleness—What disease?
Gastritis—State cause of.
Heart failure—See cardiac.
Hæmorrhage—What part, and cause?
Inanition—Cause of?
Insolation (under 24 hours) (Coroner)?
Jaundice—Disease causing?
Malnutrition—Cause of?

Marasmus—What disease?
Milk infection {diarrhoea?
 {enteritis?
Miscarriage—State cause of.
Nervous {exhaustion } State disease.
 {fever }
 {shock }
Old age—What disease?
Operation—State part and disease.
Paresis—General paralysis of the insans, or not?
Peritonitis—Cause of?
Pernicious anemia {malarial?
 {tuberculosis?
 {syphilis, etc.? }
Pneumonia {Broncho? } Primary or
 { } Secondary
 {Lobar? } to what?
Pyæmia—Cause of?
Salpingitis—Cause of?
Septicæmia—Cause of?
Shock—From what?
Surgical {operation } State disease.
 {shock }
Syncope—State cause of.
Tetanus—State cause of.
Toxæmia—State cause of.
Uremia—Acute or chronic nephritis.
Weakness—What disease?