

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

M Craven
25,000
7
St. _____ Ward _____

1. PLACE OF DEATH
 County San Madrid Registration District No. 607
 Township Portageville Primary Registration District No. 3461
 City _____ (No. _____)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Sally Wisdom
 (a) Residence, No. _____ St. _____ Ward _____
 (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.

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 Will C Wisdom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 9 22

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) _____ (STATE OR COUNTRY) Ky.

10. NAME OF FATHER Wm. Johnson

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

12. MAIDEN NAME OF MOTHER Sarah Adams

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

14. INFORMANT Will C Wisdom
 (Address) Marston 210

15. FILED 7/10 1928 W. C. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-2 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1927, to June 2, 1928
 that I last saw her alive on June 6, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) SI
 (duration) _____ yrs. _____ mos. _____ 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) Daniel McKeown, M. D.
 , 19 _____ (Address) Marston 210

*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
Portageville, Mo. 6-4 1928

20. UNDERTAKER Lucille Silbourn
 ADDRESS _____

Wm Payne
Portageville

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.

DEPARTMENT RECORD

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

ation.—Precise statement of
rtant, so that the relative
pursuits can be known. The
and every person, irrespec-
occupations a single word or
be sufficient, e. g., *Farmer or*
positor, Architect, Locomo-
er, Stationary Fireman, etc.

But in many cases, especially in industrial employ-
ments, 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) *Sales-*
man, (b) *Grocery*, (a) *Foreman*, (b) *Automobile fac-*
tory. The material worked on may form part of the
second statement. Never return "Laborer," "Fore-
man," "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

of persons engaged in domestic
s, as *Servant, Cook, Housemaid, etc.*
on has been changed or given up on
DISEASE CAUSING DEATH, state occur-
ing of illness. If retired from busi-
may be indicated thus: *Farmer (re-*
for persons who have no occupation
e *None*.

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 ori-
gin; "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
terrecurrent) affection need not be stated unless
portant. Example: *Measles* (disease causing de
29 ds.; *Bronchopneumonia* (secondary), 10
Never report mere symptoms or terminal condit
such as "Asthenia," "Anemia" (merely sympt
atic), "Atrophy," "Collapse," "Coma," "Con-
sions," "Debility" ("Congenital," "Senile," e
"Dropsy," "Exhaustion," "Heart failure," "H
orrhage," "Inanition," "Marasmus," "Old age,
"Shock," "Uremia," "Weakness," etc., when a
definite disease can be ascertained as the cause.
Always qualify all diseases resulting from child-
birth 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 rail-*
way 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 undesi-
rable 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.