

County Oregon Registration District No. 032 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4382 Registered No. \_\_\_\_\_  
 Inc. Town or City Thayer (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME Margaret May Moore  
 (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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX fe 4 COLOR or RACE W 5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH May - 2 - 1928  
 Month Day Year

7 AGE 42 Years 4 Month 11 Days If LESS than 1 day, .... hrs. or ..... min.

## 8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Ripley Co. Mo

10 NAME OF FATHER Louis Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warren

12 MAIDEN NAME OF MOTHER? Stafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Robt Powell  
 (Address) \_\_\_\_\_

15 Filed Oct 3 1928 Registrar P. A. Neal

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept - 12 - 1928  
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from Apr 1<sup>st</sup>, 1928, to Sept 12, 1928 that I last saw her alive on Sept 12, 1928 and that death occurred, on the date stated above, at 7:30 a.m. The CAUSE OF DEATH\* was as follows:

Cordis. Vascular Disease  
Myocarditis heart - hy-  
pertension  
1218 (duration) 2 yrs. mos. ds.  
 CONTRIBUTORY 1230 Appendicitis - with liquid stools  
(Secondary)  
950 (duration) \_\_\_\_\_ yrs. mos. ds.

18 Where was disease contracted? 1170  
 If not at place of death? \_\_\_\_\_

Had an operation previous death? yes Date of July 26 - 28

Was there an autopsy? no

What test confirmed diagnosis? X-ray + Fluorography  
 (Signed) H. B. Hull, M. D.  
Sept 15 1928 (Address) Maymoeth Springs

\* 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 Thayer - Center DATE OF BURIAL Sep - 16 1928

20 UNDERTAKER A. L. Carr ADDRESS Thayer Mo

Burial or Transit Permit issued by \_\_\_\_\_ Date of issue \_\_\_\_\_

# 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;* *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,"

"Coma," "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.

57 - 1111  
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27  
1886  
1928  
Mar 2 - 2 - 1886