

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

do not use this space.

36036

**1. PLACE OF DEATH**

County Boone Registration District No. 978  
 Township Lebanon Primary Registration District No. 5110  
 City New Ashland (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

Elas B. Nichols  
 (a) Residence. No. \_\_\_\_\_ 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. 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 Single  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 - 7 10 24

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) Boone County  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo E. Nichols

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone County  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sarah P. Sapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone County  
 (STATE OR COUNTRY) Missouri

14. INFORMANT E. E. Nichols  
 (Address) Ashland Mo. RR#1

15. FILED Nov 14 1928 D. J. Nichols  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1928  
 17. \_\_\_\_\_

I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
 \_\_\_\_\_, 1928, to \_\_\_\_\_, 1928  
 that I last saw him alive on Nov 9 1928 and that  
 death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of breast  
 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 47  
 (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) E. B. Buyer M. D.  
11-90, 1928 (Address) Ashland 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 Salem Cemetery DATE OF BURIAL Nov. 11 1928

20. UNDERTAKER B. F. Baker ADDRESS Columbia 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1928

## United States Standard Certificate of Death

Census and American Public Health Association.)

**Occupation.**—Precise statement of important, so that the relative various pursuits can be known. The one for each and every person, irrespectively of many occupations a single word or phrase will be sufficient, e. g., *Farmer or Mechanic, Compositor, Architect, Locomotive Engineer, Stationary Fireman, etc.* In special cases, especially in industrial employment, it is necessary to know (a) the kind of occupation, (b) the nature of the business or industry, and (c) before an additional line is provided for special statement; it should be used only when necessary. Examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Grocery*, (d) *Foreman*, (e) *Automobile*. The material worked on may form a part of the second statement. Never return "None," "Manager," "Dealer," etc., unless a precise specification, as *Day laborer, Miner, Laborer—Coal mine*, etc. Women at home engaged in the duties of the household, or as *paid Housekeepers* who receive a salary, may be entered as *Housewife, etc.* If at home, and children, not gainfully employed, *At home*. Care should be taken to report specifically the occupations of persons employed in domestic service for wages, as *Housemaid*, etc. If the occupation is discontinued or given up on account of illness, state occupation at birth.

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," "Inflammation," "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.