

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

31477

1. PLACE OF DEATH
 County Madaway Registration District No. 623 File No.
 Township Washington Primary Registration District No. 5825 Registered No. 9
 City (No.) St. Ward)

2. FULL NAME Celestia Eda Davis
 (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 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. WIDOWED HUSBAND OF Archard Davis
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>10</u>	<u>3</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer

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

10. NAME OF FATHER Richard Kizzell

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

12. MAIDEN NAME OF MOTHER Mary Crowell

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

14. INFORMANT Harold Davis
 (Address) Gulford Mo.

15. FILED Sept 24 1929 J. M. McLaughlin REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1929

17. I HEREBY CERTIFY That I attended deceased from Sept 21 1929 to Sept 23 1929
 that I last saw her alive on Sept 23 1929, and that death occurred, on the date stated above, at 3 2 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Peritonitis following a ruptured vessel due to an accidental fall
 yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) 18
 (duration) yrs. mos. ds. 12

18. WHERE WAS DISEASE CONTRACTED at place of death
 IF NOT AT PLACE OF DEATH, ...
 DID AN OPERATION PRECEDE DEATH? No Refused
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
 (Signed) A. D. Barnes, M. D.
Gulford

*State the DISEASE CAUSING DEATH, or in death 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 Gulford Mo. DATE OF BURIAL 9/25 1929
Lebanon Cemetery
 20. UNDERTAKER C. C. Reynolds ADDRESS Gulford, Mo.

74
 ST 24 1929
 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 READING INSTRUMENTS. THIS IS A PERMANENT RECORD.
 23
 8
 2

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*; *pneumonia* ("Pneumonia," unqualified, is ind. *Tuberculosis of lungs, meninges, peritoneum*, *Carcinoma*, *Sarcoma*, etc., of (origin); "Cancer" is less definite; avoid use of " for malignant neoplasma); *Measles*; *Whooping*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary, terocurrent) affection need not be stated unimportant. Example: *Measles* (disease causing 29 ds.; *Bronchopneumonia* (secondary). Never report mere symptoms or terminal conditions such as "Asthemia," "Anemia" (merely syphilitic), "Atrophy," "Collapse," "Coma," "Concussions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., if definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause of death which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by way train—accident*; *Revolver wound of forehead—homicide*; *Poisoned by carbolic acid—probably homicidal*. The nature of the injury, as fracture of skull, and its consequences (e. g., *sepsis*, *tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of diseases and refuse to accept certificates containing terms not included. Thus the form in use in New York City states: "Certificate will be returned for additional information which gives the following diseases, without explanation, as the cause of death: Abortion, cellulitis, childbirth, convulsions, erysipelas, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, etc." But general adoption of the minimum list suggested would be a vast improvement, and its scope can be extended as needed.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.