Missouri

Indiana State Board of Health 1979

CERTIFICATE OF DEATH

1095
4335

Registered No. ~~1095~~

[1]PLACE OF DEATH

County of Montgomery

Township of ~~Monroe~~

Town of Clarksburg

or

City of

(No. ~~4336~~ St., Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

[2]FULL NAME Martha A. Moffett

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX: Female

[4]Color or Race: White

[5]Single, Married, Widowed or Divorced (Write the word): Widow

[6]a NAME OF HUSBAND OR WIFE (of deceased): J. C. Moffett

[6]DATE OF BIRTH (of deceased): 2 (Month) 16 (Date) 1864 (Year)

[7]AGE: 65 years 1 months days

If LESS than 1 day, hrs., or min.?

[8]OCCUPATION

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

[9]BIRTHPLACE OF DECEASED (State or country): State Mo.

PARENTS

[10]NAME OF FATHER: Richard Murrell 8

[11]BIRTHPLACE OF FATHER (State or country): State of Pa.

[12]MAIDEN NAME OF MOTHER: Polly Felkins

[13]BIRTHPLACE OF MOTHER (State or country): England

[14]THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs G. C. Von Stratten

(Address) Clarksburg Mo.

[15]Filed 1-7 1930

J. C. Martin

Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

[16]DATE OF DEATH: 2 1 (Month) 6 (Day) 1930 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from 1-4- 1930 to 1-6- 1930 that I last saw her alive on 1-6- 1930 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

General paralysis

82A

82D

(Duration) yrs. mos. ds.

Contributory (Secondary): Previous attacks

(Duration) yrs. mos. ds.

(Signed) R. C. Faris, M. D.

1-6-, 1930 (Address) Clarksburg, Mo.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

[18]LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or Usual Residence

[19]PLACE OF BURIAL OR REMOVAL: Bluffton Cemetery

DATE OF BURIAL: 1/78 1930

[20]UNDERTAKER: Williams & Friedmeyer

WAS THE BODY EMBALMED?

[21]ADDRESS: California Mo.

EMBALMER'S LICENSE No.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST HELD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

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, 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 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: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid-pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* 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 intestinal nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (dis.* (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," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "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 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.)

IMPORTANT

The reports of deaths shall be made immediately and a certificate of death shall be filed and a burial or removal permit issued prior to any disposition of the body. When a death occurs within the corporate limits of cities and towns, the certificate must be filed with the city or town health officer. Deaths occurring outside of cities and towns, the certificate may be filed with the health officer nearest to the place where the death occurs, and said health officer if the certificate of death be properly made out shall issue a burial permit, which permit shall be valid in all parts of the State. Upon the reporting of any death occurring outside of cities and incorporated towns, to the nearest health officer other than the county health commissioner of the county wherein said death occurs, said certificate of death shall be sent immediately for record, by said health officer to the county health commissioner of the county wherein the death occurs. It shall be unlawful for any undertaker, sexton or other person to bury, cremate or otherwise dispose of any human body until he has received a permit to do so from a health officer, and no such permit shall be issued by any health officer or deputy until there has been delivered to him a certificate of death written in unfading ink (or indelible pencil) and completely and accurately filled out by the proper person. In the event of any burial or other disposal of a dead human body without a permit, the offending person, upon conviction, shall be fined not less than five nor more than one hundred dollars, and if the remains are buried, the coroner of the county in which the illegal burial or other disposal occurs shall disinter or otherwise secure the remains, hold an inquest and within three days thereafter make a return of his findings upon official blanks to the health officer having jurisdiction. It is unlawful for any physician or householder to knowingly make a false report or furnish false information for the purpose of an incorrect certificate or report. All hospitals, institutions, etc., shall make