

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

690

17008

1. PLACE OF DEATH
 County Pike Registration District No. 5918 File No. 17008
 Township Hartford Primary Registration District No. 494 Registered No.
 City Spring St. Ward

2. FULL NAME Sarah Jane Porter
 (a) Residence No. St. Ward (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Wm. Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15, 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	84	10	16	

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

9. BIRTHPLACE (CITY OR TOWN) Seneca Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Edward Huntman

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

12. MAIDEN NAME OF MOTHER Orn

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

PARENTS

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st. 1930

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1930, to May 1st, 1930 that I last saw h. or alive on May 1st, 1930, and that death occurred, on the date stated above, at 3:35 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis
131
127B

(duration) yrs. mos. 9 ds.
 CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
 (duration) yrs. mos. ds.
unknown

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? None
 (Signed) Dr. D. S. Hazard, M. D.
May 1, 1930 (Address) Osney, Missouri

*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.)

14. INFORMANT R. H. Porter DATE OF BURIAL 5/2 1930
 (Address) Osney, Missouri

15. FILED 5/1 1930 W. Riddle REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Liberty

20. UNDERTAKER Vernand Shueley ADDRESS Osney Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

82

2

1930

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 neoplasma); *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 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.

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

FOR MUST BE WRITTEN
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Pike Registration District No. 690 File No. _____
 Township Hartford Primary Registration District No. 5-9-18 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Frances Porter

(a) Residence. No. _____ St. _____ Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 - 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Porter

17. I HEREBY CERTIFY, That I attended deceased from April 22 to May 1, 1930
 (that I last saw h. or a few days before, on May 1, 1930, and that death occurred, on the date stated above, at 7:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1845
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 10 16

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired housewife (duration) yrs. mos. da. 9
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Chronic interstitial Nephritis (duration) yrs. mos. da. unknown

9. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY) no

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Edward Hartman

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY) no

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Orbe

WHAT TEST CONFIRMED DIAGNOSIS? none

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina (STATE OR COUNTRY) no

(Signed) Dr. D. S. Huggard M. D.

14. INFORMANT R. H. Porter (Address) Coras no

May 1, 1930 (Address) Olney no

15. FILED July 5, 1930 S. Clyde Craig REGISTRAR

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Liberty DATE OF BURIAL 5/2 1930

20. UNDERTAKER Lawrence & Sheely Siley ADDRESS no

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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