

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.

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

8624

## 1. PLACE OF DEATH

County Worth  
Township Greene  
City Parnell (Name)

Registration District No. 1057  
Primary Registration District No. 1057

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Percis Eugene Maize  
(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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jno. Morin

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 27 1875

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

55

4

28

## 8. OCCUPATION OF DECEASED

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

Farmer's wife

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

SS

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pickering

## 10. NAME OF FATHER

Henry Thomas Wray

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

## 12. MAIDEN NAME OF MOTHER

Margaret Partridge

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

## 14.

INFORMANT  
(Address)

Marie Burns

## 15.

FILED Feb 28 1931

R. M. Beck

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 25 1931

## 17.

I HEREBY CERTIFY, That I attended deceased from Feb - 21, 1931, to Feb - 25, 1931 that I last saw her alive on Feb - 24, 1931, and that death occurred, on the date stated above, at 1:30 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

11.7

## CONTRIBUTORY (SECONDARY)

Influenza

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

, 19

(Address)

Physical Findings  
Rash  
Granulocytes

\*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

Myrtle Tree Cem.

## DATE OF BURIAL

Feb. 26, 1931

## 20. UNDERTAKER

Roof & LaFaire

## ADDRESS

Parnell

## Revised C

(Approved by

State. occupation is healthfulness question appli- tive of age. term on the fir- Planter, Phy- tive Engineer, etc. But in n- employments, it work and also- industry, and th- 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

## Standard Death

can Public Health

give statement of hat the relative be known. The person, irrespec- a single word or , e. g., *Farmer* or *chitect*, *Locomo- ionary Fireman*, n industrial em- (a) the kind of business or in-

ditional line is provided

"Typhoid pneumonia"); *Lobar pneumonia*; *pneumonia* ("Pneumonia," unqualified, is in *Tuberculosis of lungs*, *meninges*, *peritonaei*, *Carcinoma*, *Sarcoma*, etc., of—(n- gin; "Cancer" is less definite; avoid use of " for malignant neoplasm); *Measles*, *Whoopin*, *Chronic valvular heart disease*; *Chronic in- nephritis*, etc. The contributory (secondar- terecurrent) affection need not be stated un- portant. 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," "In- anition," "Marasmus," "Old age," "Shock," "Ure- mia," "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 de- termine definitely. Examples: *Accidental drown- ing*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—prob- ably 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 undesir- able 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, hemor- rhage, 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.