

4-7 26 1935

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

10324

1 PLACE OF DEATH

County St. Clair

Township Collins

Village Collins

City (NO. St. Ward)

Registration District No. 762

File No. ....

Primary Registration District No. 4457

Registered No. ....

2 FULL NAME

Hannah Louise Scott

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

16 DATE OF DEATH March 6, 1935  
(Month) (Day) (Year)

6 DATE OF BIRTH July 21, 1854  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 15, 1935 to March 4, 1935, that I last saw h. or alive on Feb. 7, 1935 and that death occurred, on the date stated above, at 1:30 P.M.

7 AGE 80 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Advanced arteriosclerosis & edema of brain  
(Duration) 82 yrs. 21 mos. 21 ds.

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

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) Shackleton M. D. 3-7, 1935 (Address) Hermanville Mo

9 BIRTHPLACE (City or town, State or foreign country) Rheatsville Tennessee

PARENTS 10 NAME OF FATHER Fred White 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee 12 MAIDEN NAME OF MOTHER Julia Bright 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

\*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ada Landaker (Address) Collins, Mo

15 Filed Mar 7, 1935 Mrs. L. Landaker Registrar

19 PLACE OF BURIAL OR REMOVAL St. Clairton Mo DATE OF BURIAL Mar 7, 1935 20 UNDERTAKER Paul Frieston ADDRESS Collins, 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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Precise statement of go that the relative can be known. The very person, irrespecions a single word or cient, e. g., *Farmer* or *Architect*, *Locomotive ry fireman*, etc. But istrial employments, ind of work and also industry, and thereided for the latter only when needed.

otton mill; (a) *Salesman*; (b) *Grocery*; (ā) *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 neoplasms); *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 "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PURPERAL septicaemia*," "*PURPERAL 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.)