

MISSOURI

 DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

 RECEIVING MISSOURI
 Old Age Assistance 23765

FILED JUL 23 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Barry</u>	(b) Township <u>Sugar Creek</u>	(a) State <u>MISSOURI</u>	(b) County <u>Barry</u>
(c) City or Town <u>/</u>	Ward _____	(c) City or town <u>Seligman, Missouri</u>	(If outside city or town limits, write Rural Number)
(d) Name of Hospital or Institution _____ (If not in hospital or institution write street number or location)	(e) Length of stay: In hospital or institution _____ (Specify whether years, months or days)	(d) Street No. <u>2 1/2 Miles North Seligman</u>	(If rural, give location)
In this community <u>Lifetime</u> (Specify whether years, months or days)	(e) If foreign born, how long in U. S. A? <u>Native</u> <u>0</u> years		

3(a) FULL NAME <u>Mrs. Amy L. Daugherty Price</u>		3(c) Social Security (See Top) <u>None</u>		
3(b) If veteran, name war <u>No</u>		MEDICAL CERTIFICATION		
4. Sex <u>Female</u>		20. Date of death: Month <u>June</u> day <u>21</u> year 19 <u>42</u>		
5. Color or race <u>White</u>	6(a) Single, widowed, married, divorced <u>Widowed</u>	21. I hereby certify that I attended the deceased from <u>June 15</u> , 19 <u>42</u> to <u>June 20</u> , 19 <u>42</u> ; that I last saw him alive on <u>June 20</u> , 19 <u>42</u> and that death occurred on the date stated above at <u>5:30 P. M.</u>		
6(b) Name of husband or wife <u>James G. Price</u>		Immediate cause of death <u>Angina Pectoris</u>		
6(c) Age of husband or wife if alive <u>86 (1856)</u> years		Due to <u>Arteriosclerosis</u>		
7. Birth date of deceased <u>August 25, 1861</u> (Month) (Day) (Year)		Other conditions _____ (Include pregnancy within 3 months of death)		
8. Age: Years <u>80</u> Months <u>9</u> Days <u>27</u> If less than one day _____ hr. _____ min.	9. Birthplace <u>Washburn Missouri</u> (City, town, or county) (State or foreign country)		Date of Onset _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.	
10. Usual occupation <u>Housewife</u>		Major findings: <u>94 f</u>		
11. Industry or business <u>Own Home</u>		Of operations _____		
12. Name <u>Josiah Daugherty</u>		Of autopsy _____		
13. Birthplace <u>Tenn.</u> (City, town, or county) (State or foreign country)		22. If death was due to external causes, fill in the following:		
14. Maiden name <u>Elizabeth Brock</u>		(a) Accident, suicide, or homicide (specify) _____		
15. Birthplace <u>Missouri</u> (City, town, or county) (State or foreign country)		(b) Date of occurrence _____		
16(a) Informant's own signature <u>Amy L. Price</u>		(c) Where did injury occur? _____ (City or town) (County) (State)		
(b) P. O. address <u>Seligman, Mo.</u>		(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____		
17(a) <u>Burial</u> (Burial, cremation, or removal)		(Specify type of place)		
(b) Date thereof <u>6 / 23 / 42</u> (Month) (Day) (Year)		While at work _____ (If means of injury)		
(c) Place: Burial or cremation <u>Washburn Prairie Cemt.</u>		23. Signature <u>Dr. Char. R. Brown</u> M. D. <u>10</u>		
18(a) Signature of funeral director <u>Wm. J. Burns</u>		Address <u>Seligman Mo</u> Date signed <u>June 23, 42</u>		
(b) P. O. address <u>Burns F. Home: Rogers, Ark.</u>				
19(a) <u>July 8 1942</u> (Date received local registrar)				
<u>Grace William</u> (Registrar's signature)				

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N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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
ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

The trade, profession, or particular kind of work done.

10. Usual occupation.

11. Industry or business.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman*, and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of Onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of Onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED

District Health Officer No. 6,

District File Number 742-1035

Date Filed Jul 27 1942