

## PLACE OF DEATH

County HenryTownship St. James

or Village \_\_\_\_\_

or City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 1358File No. 14168Primary Registration District No. 5502Registered No. 9

## FULL NAME

Elizabeth Gentry Maize

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE  MARRIED  WIDOWED  OR DIVORCED  (Widowed)DATE OF DEATH April 30, 1911  
(Month) (Day) (Year)DATE OF BIRTH June 3, 1839  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April 3, 1909, to April 30, 1911, that I last saw her live on April 25, 1911, and that death occurred, on the date stated above, at 7 a.m.AGE 71 yrs. 10 mos. 27 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) g-oMyocardial Regurgitation  
97 A  
99  
(Duration) 2 yrs. 27 ds.BIRTHPLACE (City or town, State or foreign country) North CarolinaContributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) E. Gentry M. D.  
(Address) \_\_\_\_\_NAME OF FATHER William K. GentryBIRTHPLACE OF FATHER (City or town, State or foreign country) VirginiaMAIDEN NAME OF MOTHER Francis H. HallBIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carolina

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Maize

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

(ADDRESS) Chilhowe MoPLACE OF BURIAL OR REMOVAL Shiloh Cemetery DATE OF BURIAL May 2, 1911UNDERTAKER L. Ray, Surrency ADDRESS Chilhowe Mo

Filed \_\_\_\_\_ 191 \_\_\_\_\_

REGISTRAR

# 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*, *Sar-*

*coma*, 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 "Asthenia," "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 "PUERPERAL septicaemia," "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.)



County Henry  
Township Shower  
or  
Village  
or  
City

Registration District No. 358  
Primary Registration District No. 5302

File No.  
Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Elizabeth Gentry Maize

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the year)

DATE OF DEATH April 30, 1911  
(Month) (Day) (Year)

DATE OF BIRTH June 3, 1839  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 2, 1911, to April 30, 1911, that I last saw her alive on April 25, 1911, and that death occurred, on the date stated above, at 7 m.

AGE 71 yrs. 10 mos. 27 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
Melancholic Regurgitation

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

BIRTHPLACE North Carolina  
(City or town, State or foreign country)

(Duration) 2 yrs. \_\_\_ mos. 27 ds.

NAME OF FATHER William Swerton

Contributory (Secondary) J. R. Keagy & Hamilton  
(Signed) (Address) Chilhowe, Mo.

BIRTHPLACE OF FATHER Virginia  
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Frances Wall

BIRTHPLACE OF MOTHER North Carolina  
(City or town, State or foreign country)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Lee Maize

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

(ADDRESS) Chilhowe, Mo.

Where was disease contracted If not at place of death?

Filed May 8, 1911

Forme of usual residence

PLACE OF BURIAL OR REMOVAL Wright Cemetery DATE OF BURIAL May 2, 1911

REGISTRAR J. G. Rooley

UNDERAKER Wm. Maize ADDRESS Chilhowe, Mo.

Original file date May 8, 1911

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

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

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