

PLACE OF DEATH

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

County Clay
Township Liberty
or
Village
or
City Liberty Mo (NO. 256 N. Lawrence)

Registration District No. 201 File No. 27242
Primary Registration District No. 3012 Registered No. 83
St.; Ward

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

FULL NAME Mary A. Bee

PERSONAL AND STATISTICAL PARTICULARS

7. MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Black SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Nov 26, 1911
(Month) (Day) (Year)

DATE OF BIRTH Feb. 21, 1880
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 23, 1911, to Nov 26, 1911, that I last saw her alive on Nov. 25, 1911, and that death occurred, on the date stated above, at 89 m.

AGE 36 yrs. 9 mos. 0 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
I don't know - was found dead in bed. After 2 or 3 days of indigestion
1180 (Duration) yrs. 3 mos. 0 ds.

OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

Contributory Indigestion
(SECONDARY) (Duration) yrs. 0 mos. 0 ds.

BIRTHPLACE (City or town, State or foreign country) Liberty Clay Co Mo

(Signed) Geo. H. Hottel M. D.
Nov 26, 1911 (Address) Liberty Mo.

PARENTS
NAME OF FATHER Thomas Stephenson
BIRTHPLACE OF FATHER Liberty Clay Co Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Bessie Thacker
BIRTHPLACE OF MOTHER Jackson Co. Mo
(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)
At place of death 25 yrs. 0 mos. 0 ds. In the State 29 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?
Former or usual residence

(Informant) Annie E. Gillespie
(ADDRESS) Dr. Louis Mo.

PLACE OF BURIAL OR REMOVAL Stained Cemetery DATE OF BURIAL 11/28/11 1911
UNDERTAKER H. H. Hill ADDRESS Liberty Mo

Filed 11/27/11 1911 Wm. H. Woodson
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*, *Compositor*, *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.)

