

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**

PLACE OF DEATH  
County Henry  
Township \_\_\_\_\_ Registration District No. 357 File No. 26114  
or  
Village \_\_\_\_\_ Primary Registration District No. 4211 Registered No. 26  
or  
City Windsor (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mary Jane Elbert

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>	DATE OF DEATH <u>3</u> <u>Mr. Mary J. Elbert</u> <small>(Month) (Day) (Year)</small> <u>Aug 17<sup>th</sup> 1912</u>	
DATE OF BIRTH <u>Aug 10 1836</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Jan</u> , 1910, to <u>Aug 17<sup>th</sup></u> , 1912, that I last saw her alive on <u>Aug 17<sup>th</sup></u> , 1912, and that death occurred, on the date stated above, at <u>11 P.M.</u>	
AGE <u>76</u> yrs. <u>7</u> mos. <u>7</u> ds. <small>If LESS than 1 day, ___ hrs. or ___ min.?</small>			The CAUSE OF DEATH* was as follows: <u>82A</u> <u>82D</u> <u>1625 Paralytic.</u> <small>(Duration) 5 yrs. ___ mos. ___ ds.</small> <u>Contributory Cerebral Haemorrhage</u> <small>(Duration) 5 yrs. ___ mos. ___ ds.</small> <small>(Signed) G. W. Head M. D.</small> <u>Aug 18 1912</u> (Address) <u>Windsor Mo</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Q=O</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Thomas Salee</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>unknown</u>		PLACE OF BURIAL OR REMOVAL <u>Windsor Mo</u>	
	MAIDEN NAME OF MOTHER <u>Martha Ganes</u>		DATE OF BURIAL <u>Aug 18 1912</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>		UNDERTAKER <u>Char a Carter</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>F. L. Elbert</u>			ADDRESS <u>Windsor Mo.</u>	
Filed <u>Aug 18 1912</u> <u>R. J. Gunn</u> REGISTRAR <u>W. J. Gleason</u>			ADDRESS <u>Windsor Mo</u>	

# 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*, *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 "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.)

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**MISSOURI STATE BOARD OF HEALTH**  
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**CERTIFICATE OF DEATH**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH  
 County Henry  
 Township Windsor  
 or  
 Village  
 or  
 City Windsor (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 354 File No. 26114  
 Primary Registration District No. 4211 Registered No. 26  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mary Jane Elbert

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Female COLOR OR RACE White SINGLE Widowed  
 MARRIED OR DIVORCED (Write the word)  
 DATE OF BIRTH Aug. 10, 1836  
 (Month) (Day) (Year)  
 AGE 76 yrs. 7 mos. 7 ds.  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.  
 OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Mo. Unknown  
 NAME OF FATHER Thomas Salee  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
 MAIDEN NAME OF MOTHER Mattha Gauer  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) T. L. Elbert  
 (ADDRESS) Windsor, Mo.

FILED Aug 18 1912  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 17, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1910, to Aug. 17, 1912  
 that I last saw her alive on Aug. 17, 1912  
 and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH\* was as follows:  
Heart failure. Caused by cerebral hemorrhage. no post mortem  
Renal (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Age and General Debility  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) Aug. 18, 1912 (Address) Windsor Mo. M. D.

\*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. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted If not at place of death?  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Windsor, Mo. DATE OF BURIAL Aug. 18, 1912  
 UNDERTAKER Chas. A. Carter ADDRESS Windsor Mo.

Original file, date AUG 19 1912 All information called for must be written on this Supplementary Certificate.

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