

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
PLACE OF DEATH County <u>St. Hilary</u> Township <u>Stalder</u> or Village _____ or City _____ (NO. _____ St. _____ Ward _____)			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
FULL NAME <u>Mosquit, C. Stalder</u>			Registration District No. <u>855</u> File No. <u>3 8979</u> Primary Registration District No. <u>5498</u> Registered No. <u>3</u>		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>2 26, 1913</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>May 14, 1847</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Sept</u> , 191 <u>2</u> , to <u>Feb 26, 1913</u> , that I last saw her alive on <u>Feb 23</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>8 6</u> m. The CAUSE OF DEATH* was as follows: <u>Causes of paucities</u> <u>465</u>		
AGE <u>65</u> yrs. <u>9</u> mos. <u>12</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?			SEPT <u>5</u> (Duration) yrs. <u>5</u> mos. <u>3</u> ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>stamper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds. (Signed) <u>G. W. Bunnay</u> M. D. <u>2/26, 1913</u> (Address) <u>Montrose</u>		
BIRTHPLACE (City or town, State or foreign country) <u>mo.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>Master Stalder</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>		Where was disease contracted if not at place of death? _____		
	MAIDEN NAME OF MOTHER <u>Sara Stalder</u>		Former or usual residence _____		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont Stalder</u>		PLACE OF BURIAL OR REMOVAL <u>Stone Chapel</u> DATE OF BURIAL <u>Feb 27, 1913</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. M. Monroe</u> (ADDRESS) <u>Montrose, Mo.</u>			UNDERTAKER <u>G. W. Bunnay</u> ADDRESS <u>Montrose, Mo.</u>		
Filed <u>Mar 13</u> 19 <u>13</u> <u>B. A. Wolphum</u> 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*, *peritonaeum*, 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.)



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PLACE OF DEATH

County Henry  
 Township Walker  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

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

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

Registration District No. 355 File No. 3  
 Primary Registration District No. 5498 Registered No. 3

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

FULL NAME Insigret E Hackles

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE White SINGLE MARRIED married  
 WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH May 14, 1847  
(Month) (Day) (Year)

AGE 65 yrs. 9 mos. 12 ds.  
If LESS than 1 day, hrs. or min.

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

BIRTHPLACE  
(City or town, State or foreign country) Mo Va

PARENTS  
 NAME OF FATHER Matina Hackles  
 BIRTHPLACE OF FATHER Va  
(City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Corea Hackles  
 BIRTHPLACE OF MOTHER don't know  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. M. Monroe  
 (ADDRESS) Montrose Mo.

Filed Mar 13 1933 aw Graham  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/26, 1933  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1933, to 2/26, 1933  
 that I last saw h alive on 2/23, 1933  
 and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH\* was as follows:  
Cancer of pancreas  
 (Duration) yrs. 5 mos. 5 ds.

Contributory  
(SECONDARY)  
 (Duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. N. Berry M. D.  
3/26 1933 (Address) Montrose

\*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 St Paul Chapple DATE OF BURIAL 3/27 1933  
 UNDERTAKER H Leutz ADDRESS Montrose

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