

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# 1 PLACE OF DEATH

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

County Linn  
Township Benton  
Village or  
City or

Registration District No. 504 File No. 40589  
Primary Registration District No. 4307 Registered No. 9  
St. or Ward

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

2 FULL NAME Dorothy Frances Cassidy

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married  
6 DATE OF BIRTH Jan 25 1894 (Month) (Day) (Year)  
7 AGE 24 yrs. 10 mos. 3 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Lawrence, Ohio

PARENTS  
10 NAME OF FATHER Floyd Moor  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Lawrence, Ohio  
12 MAIDEN NAME OF MOTHER Aura L. Bates  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lawrence, Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. E. Kirby  
(Address) Linn Co. Mo.

15 Dec 15 1918 U C Dryden  
Filed Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 28 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 27 1918, to Nov. 28 1918, that I last saw her alive on Nov. 28 1918, and that death occurred, on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH\* was as follows:  
Lobar pneumonia

1076  
109  
1013 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Child birth and exposure (Duration) yrs. mos. ds.  
(Signed) Laura M. Bedwell M. D.  
Nov. 29 1918 (Address) Purdin, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Manner of Injury, and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mount Olive Cem. DATE OF BURIAL Nov. 29 1918  
20 UNDERTAKER G. N. Shanks ADDRESS Purdin Mo

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

**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*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, 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.)