

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

19537

1. PLACE OF DEATH

County Henry Registration District No. 348 File No. 19537
 Township Osage Primary Registration District No. 4206 Registered No. 319
 City Brownington St. _____ Ward _____

2. FULL NAME Myrtle Hood

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (of HUSBAND or WIFE OF) George Washington Hood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rhode House, Illinois
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER David Guyon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MARRIED NAME OF MOTHER Mary Jane Gilman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Charley Hood
 (Address) Brownington, Mo.

15. June 13 1933 C. D. Taylor, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1933

17. I HEREBY CERTIFY That I attended deceased from June 3, 1933 to June 7, 1933
 that I last saw her alive on June 7, 1933 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Asthma

CONTRIBUTORY (SECONDARY) 1/2
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) C. D. Taylor, M. D.
609, 1933 (Address) Brownington, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brownington Cemetery DATE OF BURIAL June 9 1933

20. UNDERTAKER C. A. Rickett, Brownington, Mo.
 ADDRESS

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.

JUN 26 1933

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, 8 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," "Anemia" (merely sy- atic), "Atrophy," "Collapse," "Coma," "Con- sions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Or- rhrage," "Inanition," "Marasmus," "Olc- "Shock," "Uremia," "Weakness," etc., definite disease can be ascertained as the Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septi- "PUERPERAL peritonitis," etc. State ca- which surgical operation was undertake- VIOLENT DEATHS state MEANS OF INJURY AND AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine de- Examples: *Accidental drowning*; *struck b- way train—accident*; *Revolver wound of homicide*; *Poisoned by carbolic acid—probably- The nature of the injury, as fracture of ski- consequences (e. g., sepsis, tetanus) may be under the head of "Contributory." (Recom- tions on statement of cause of death appro- Committee on Nomenclature of the A- Medical Association.)*

NOTE.—Individual offices may add to above list of able terms and refuse to accept certificates containi- Thus the form in use in New York City states: "Ce- will be returned for additional information which gi- the following diseases, without explanation, as the e- of death: Abortion, cellulitis, childbirth, convulsion- rhage, gangrene, gastritis, erysipelas, meningitis, mi- necrosis, peritonitis, phlebitis, pyemia, septicemia. But general adoption of the minimum list suggested- vast improvement, and its scope can be extended- date.

ADDITIONAL SPACE FOR FURTHER STATEMENT
BY PHYSICIAN.