

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 Lafayette
Township Davis
or
Village _____
or
City Higginsville (NO. Mo. 100)

Registration District No. 460 File No. 34690
Primary Registration District No. 4274 Registered No. 41
St. ind Ward _____

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

FULL NAME Katty Davis

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb., 1872
(Month) (Day) (Year)

AGE 38 yrs. — mos. — ds. IF LESS than 1 day, — hrs. or — min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) none

BIRTHPLACE (City or town, State or foreign country) near Higginsville?

PARENTS
NAME OF FATHER Clinton Davis
BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know
MAIDEN NAME OF MOTHER Dont know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Perry Davis
(ADDRESS) Higginsville, Mo.

Filed Nov 29, 1910 Chas W. Ott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov., 28, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb., 1910, to Nov., 1910, that I last saw her alive on Nov. 28th, 1910, and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:
70B
Herterophilic
(Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) (Duration) — yrs. — mos. — ds.
(Signed) L. J. Williams M. D.
Nov 29, 1910 (Address) Higginsville

*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. In the State — yrs. — mos. — ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 1910
UNDERTAKER A. H. Hoder ADDRESS Higginsville

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*, *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.)



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.

County Lafayette Registration District No. 460 File No. 34690
 Township _____ or _____ Village _____ or _____ City Higginoville, Mo. Primary Registration District No. 4274 Registered No. 41
 St. 2nd Ward (If death occurred in a hospital or institution, give its NAME (instead of street and number))

FULL NAME Kathy Davis

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
DATE OF BIRTH <u>Feb. 1872</u>		
AGE <u>38</u> yrs. - mos. - ds.		If LESS than 1 day, ... hrs. or ... min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>		
BIRTHPLACE (City or town, State or foreign country) <u>near Higginoville, Mo.</u>		
PARENTS	NAME OF FATHER <u>Clinton Davis</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know.</u>	
	MAIDEN NAME OF MOTHER <u>Don't know.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>Cerry Davis + his wife</u>		
(ADDRESS) <u>Higginoville, Mo.</u>		
Filed <u>Nov 29</u> 191 <u>6</u> <u>Char W. Ott</u> REGISTRAR		

DATE OF DEATH Nov. 28, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 9 o'clock, 1910, to Nov. 28th, 1910, that I last saw him alive on Nov. 28th, 1910, and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) 11 yrs. - mos. - ds.

Contributory (Secondary) _____ (Duration) _____ yrs. - mos. - ds.

(Signed) J. J. Williams M. D.
Nov 29 1910 (Address) Higginoville, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Social, or Homicidal.

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 _____

PLACE OF BURIAL OR REMOVAL Higginoville, Mo. Central Cemetery DATE OF BURIAL Nov 31 1910

UNDERTAKER W. H. Hodge ADDRESS Higginoville, Mo.

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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.)