

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 Jasper
Township Galena or Village _____ or City Joplin (NO. 2001 Moffett St.: _____ Ward _____)

Registration District No. 411 File No. 38416
Primary Registration District No. 2902 Registered No. 868

FULL NAME Mary Ellen Richman

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>MARRIED</u> (Write the word)
DATE OF BIRTH <u>Sep 30, 1844</u> (Month) (Day) (Year)		
AGE <u>66 yrs 2 mos 22 ds.</u>		IF LESS than 1 day, ___ hrs, or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>		
PARENTS	NAME OF FATHER <u>William Cecil</u>	
	BIRTHPLACE OF FATHER <u>unknown</u> (City or town, State or foreign country)	
	MAIDEN NAME OF MOTHER <u>Agnes Davis</u>	
	BIRTHPLACE OF MOTHER <u>unknown</u> (City or town, State or foreign country)	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 15, 1910, to Dec 22, 1910, that I last saw her alive on Dec 18th, 1910, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Consumption
23 1/2
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) M. S. Palsley M. D.
12-29, 1910 (Address) 211 E-7th

*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 Fairview DATE OF BURIAL 12-23, 1910

UNDERTAKER Musick ADDRESS 424 1/2 W 9th

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E Maxwell
(ADDRESS) Daughters

Filed 12-22 1910 David R Hill
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*, *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*, *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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MICHIGAN STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Jasper
 Township or Village Joplin (NO. 2001)
 City Joplin (NO. 2001)
 St. Moffett Ward _____

Registration District No. 411 File No. 38416
 Primary Registration District No. 2002 Registered No. 368

FULL NAME Mary Ellen Richwine

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>9/30</u> , 18 <u>44</u> (Month) (Day) (Year)		
AGE <u>66</u> yrs. <u>2</u> mos. <u>22</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Not employed</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>for several years was miner</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>		
PARENTS	NAME OF FATHER <u>Tom Maxwell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Massachusetts</u>	
	MAIDEN NAME OF MOTHER <u>Amy Jones</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mary E. Maxwell</u>		
(ADDRESS) <u>X 2nd St. Byers</u> <u>X</u>		
Filed <u>Feb 9</u> 19 <u>11</u>	<u>Daniel R. Hick</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-22, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11-15, 1910, to 12/22, 1910, that I last saw alive on 12/18, 1910, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Consumption

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. J. Balsley M. D.
12/23, 1910 (Address) 211 E. 17th

*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 <u>Parview</u>	DATE OF BURIAL <u>12-23</u> , 19 <u>10</u>
UNDERTAKER <u>Hurlbut</u>	ADDRESS <u>48 Var.</u>

DEC 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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