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

**PLACE OF DEATH**

County: Marion

Township: _____ Registration District No. 547 File No. 32001

or Village: _____ Primary Registration District No. 3079 Registered No. 255

or City: Hannibal (NO. 101 Eight St.; 2 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME** Jane Brown

**PERSONAL AND STATISTICAL PARTICULARS**

| SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Female | White | Widowed |

DATE OF BIRTH: Oct (Month) 31 (Day), 1829 (Year)

AGE: 82 yrs. 10 mos. 26 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): Ireland

PARENTS
- NAME OF FATHER: Isaac Hill
- BIRTHPLACE OF FATHER (City or town, State or foreign country): Ireland
- MAIDEN NAME OF MOTHER: Don't Know
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. F. Brown

(ADDRESS) Hannibal

Filed Sept 26, 1911 W. C. Yowse REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Sept 25 (Month) (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 25, 1911, to Sept 25, 1911, that I last saw her ~~alive~~ on after death Sept 25, 1911, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Age 64

(Duration) ____ yrs. ____ mos. ____ ds.

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

(Signed) Thos. A. Dorwell Corner M. D.

Sept 26, 1911 (Address) Hannibal

*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 |
|---|---|
| Mexico | Sept 26, 1911 |
| **UNDERTAKER** | **ADDRESS** |
| L. Dorwell Bros | Hannibal |

# 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, Stationary fireman,* etc. But in many specially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the kind of the business or industry, and therefore an industrial line is provided for the latter statement; it be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Fireman,* (*b*) *Automobile factory.* The material on may form part of the second statement. return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer, Laborer—Coal mine,* etc. "Dealer at home, who are engaged in the duties of the ld only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, House-At home,* and children, not gainfully employed, *hool* or *At home.* Care should be taken to recifically the occupations of persons engaged in service for wages, as *Servant, Cook, House-*. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state occhanged at beginning of illness. If retired from busi-at fact may be indicated thus: *Farmer (retired fr yrs.).* For persons who have no occupation write *None.*

**Statement of cause of death.**—Name, first, the CAUSING DEATH (the primary affection with re-DISEASE time and causation), using always the same term for the same disease. Examples: *Cere-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, 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 misc "PUERPERAL *septichaemia,*" "PUERPERAL *peri-* State cause for which surgical operation taken. For VIOLENT DEATHS state MEANS OF 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.)

Registered No. ..... File No. .....

HUGH STEPHENS, JEFFERSON CITY.