

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

PLACE OF DEATH

County Miller
Township Jiminy
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 6 File No. 38545
Primary Registration District No. 5759B Registered No. 16

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

FULL NAME Mary Sparks

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Oct 11, 1911
(Month) (Day) (Year)

DATE OF BIRTH January 23, 1855
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 26, 1911, to Oct. 11, 1911, that I last saw her alive on Oct 1st, 1911, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows:

AGE 56 yrs. 9 mos. 3 ds. if LESS than 1 day, _____ hrs. or _____ min.?

General paralysis
IND 7
(Duration) _____ yrs. 8 mos. 11 ds.

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

Contributory Lassippe
(SECONDARY) (Duration) _____ yrs. _____ mos. 21 ds.
(Signed) A. J. Criden M. D.
Oct 12 1911 (Address) Meta, Mo

BIRTHPLACE (City or town, State or foreign country) Miller Co.

PARENTS
NAME OF FATHER George Burnett
BIRTHPLACE OF FATHER (City or town, State or foreign country) N. Carolina
MAIDEN NAME OF MOTHER Sarah McPherson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) N. Carolina

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) no informant given
(ADDRESS) _____

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 2 yrs. _____ mos. _____ ds. In the all her life State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

Filed Nov 5th 1911 L. P. Y. Nield REGISTERAR

PLACE OF BURIAL OR REMOVAL Wauson Cem. DATE OF BURIAL Oct 12 1911
UNDERTAKER P. B. C. Walther ADDRESS St. Thomas Mo.

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.

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, peritonaeum*, 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.)



STATE OF MISSOURI, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, CERTIFICATE OF DEATH

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

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

PLACE OF DEATH
County Miller
Township Iron Run
Village _____
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 6 File No. _____
Primary Registration District No. 5-72-9B Registered No. 16

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

FULL NAME Mary Sparks

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE M SINGLE MARRIED WIDOWED OR DIVORCED M
(Write the word)

DATE OF BIRTH Jan 23 1853
(Month) (Day) (Year)

AGE 56 yrs 9 mos 3 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) _____

BIRTHPLACE
(City or town, State or foreign country) Miller Co

NAME OF FATHER George Burnett

BIRTHPLACE OF FATHER N. Carolina

MAIDEN NAME OF MOTHER Sarah Mc Namur

BIRTHPLACE OF MOTHER N. Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Shelby McNeill

(ADDRESS) Meta Mo

Filed Dec 30th 1911 Dr P. J. Midon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 26 1911, to Oct 11 1911, that I last saw her alive on Oct 1st 1911, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:
General paralysis

(Duration) 5 yrs 11 mos 11 ds

Contributory La Grippe
(SECONDARY) (Duration) 2 1 ds

(Signed) A. J. Cridler M. D.
Oct 17 1911 (Address) Meta Mo

*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? _____
Usual residence _____

PLACE OF BURIAL OR REMOVAL Wausongen DATE OF BURIAL Oct 12 1911

UNDERTAKER J. B. L. Mathes ADDRESS St Thomas Mo

Original file, date 11/11 1911

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.)

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