

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 Livingston
Township _____
or
Village _____
or
City Phillipcoche Mo. (NO. _____) Balhou St. first (Ward)

Registration District No. 588 File No. 41936
Primary Registration District No. 3126 Registered No. 122

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

FULL NAME Nancy Minnie Wright

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Widow WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Dec. 18, 1911
(Month) (Day) (Year)

DATE OF BIRTH May 3, 1890
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 24, 1911, to Dec. 18, 1911, that I last saw her alive on Dec. 17, 1911, and that death occurred, on the date stated above, at 9 a. m.

AGE 71 yrs. 7 mos. 15 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:
Functional heart trouble, became phthisical. Functional heart disease is all that can be ascertained. (Duration) 10 yrs. ____ mos. ____ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 9-33

Contributory Delirium and incontinence (SECONDARY) (Duration) ____ yrs. ____ mos. 10 ds.

BIRTHPLACE (City or town, State or foreign country) Livingston Mo.

PARENTS
NAME OF FATHER George Minner
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Mary Minner
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

(Signed) H. M. Grace M. D. Dec. 20, 1911 (Address) Phillipcoche Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wade Wright

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

(ADDRESS) Phillipcoche Mo.

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 _____

Filed 12/20 1911 W. B. Barry REGISTRAR

PLACE OF BURIAL OR REMOVAL Edgewood Cemetery DATE OF BURIAL Dec 28, 1911
UNDERTAKER J. Mohr & Son ADDRESS Phillipcoche Mo.

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.)



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

PLACE OF DEATH
County LivingstonTownship _____
or
Village _____
or
City Chillicothe (NO. _____)Registration District No. 508
Primary Registration District No. 3026File No. _____
Registered No. 122

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

FULL NAME Nancy Munroe Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)DATE OF BIRTH May 3, 1840
(Month) (Day) (Year)AGE 71 yrs. 7 mos. 15 ds. If LESS than 1 day, ___ hrs. or ___ min.OCCUPATION
(a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE (City or town, State or foreign country) Livingston Co. Mo.PARENTS
NAME OF FATHER George Munroe
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Mary Munroe
BIRTHPLACE OF MOTHER (City or town, State or foreign country) KentuckyTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nade Wright(ADDRESS) Chillicothe, Mo.Filed 2/7 1912 R. Borney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov. 24, 1911, to Dec. 18, 1911, that I last saw her alive on Dec. 17, 1911, and that death occurred, on the date stated above, at 9 a. m.The CAUSE OF DEATH* was as follows:
Functional heart trouble because delirious. Functional heart disease is all that can be ascertained. (Duration) 10 yrs. mos. ds.
Contributory Delirium & inanition (SECONDARY) (Duration) 10 ds.(Signed) H. M. Grace M. D.
Dec. 20, 1911 (Address) Chillicothe, 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? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Edgewood Cemetery DATE OF BURIAL Dec. 20, 1911UNDERTAKER J. Mohr & Son ADDRESS Chillicothe, Mo.Original file, date Dec 20 12 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 septichaemia," "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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