

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 Stone  
 Township Union  
 or Hurley mo  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 840 File No. 43678  
 Primary Registration District No. 6110 Registered No. 6

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

**FULL NAME** Margaret Ann Barnett

**PERSONAL AND STATISTICAL PARTICULARS**

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

**DATE OF BIRTH** October 26, 1878  
(Month) (Day) (Year)

**AGE** 73 yrs. 25 mos. ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

**OCCUPATION**  
 (a) Trade, profession, or particular kind of work House work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**BIRTHPLACE**  
 (City or town, State or foreign country) Mo. 9-C

**PARENTS**  
**NAME OF FATHER** David Stule  
**BIRTHPLACE OF FATHER** Unknown  
(City or town, State or foreign country)  
**MAIDEN NAME OF MOTHER** Elizabeth Canapa  
**BIRTHPLACE OF MOTHER** Unknown  
(City or town, State or foreign country)

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Mollie E. Barnett  
 (ADDRESS) Hurley, Mo.

Filed Dec 10 1911 J. D. Jessup  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** 11 21, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 20, 1911, to Nov 21, 1911, that I last saw her alive on Nov 21, 1911, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH\* was as follows:  
Inflammation of the  
Blowels  
12 1/2  
12 1/2 (Duration) 109 yrs. 00 mos. ds.

**Contributory**  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) J. D. Jessup M. D.  
 (Address) Hurley 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 73 State 25 yrs. \_\_\_ mos. \_\_\_ ds.  
 Where was disease contracted if not at place of death?  
 Former or usual residence Hurley mo

**PLACE OF BURIAL OR REMOVAL** McLarned Cemetery **DATE OF BURIAL** Nov 22 1911  
**UNDERTAKER** Stafford H. Co. **ADDRESS** Hurley 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, 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.)



## PLACE OF DEATH

County Stone  
 Township Union  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

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

Registration District No. 846 File No. \_\_\_\_\_  
 Primary Registration District No. 6110 Registered No. 5

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

## FULL NAME

Margaret Ann Barnett

## PERSONAL AND STATISTICAL PARTICULARS

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

## DATE OF BIRTH

October 26, 1838  
 (Month) (Day) (Year)

## AGE

73 yrs. 25 mos. 25 ds.  
 IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

## BIRTHPLACE

(City or town, State or foreign country)

## PARENTS

## NAME OF FATHER

David Steele

## BIRTHPLACE OF FATHER

(City or town, State or foreign country)

unknown

## MAIDEN NAME OF MOTHER

Elizabeth Canaday

## BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

unknown

## THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mollie E. Barnett

(ADDRESS) Harley, Mo.

Filed Jan 3 1912 J. D. Jessup  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

11 - 21, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 20, 1911, to Nov. 21, 1911, that I last saw her alive on Nov. 21, 1911, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH\* was as follows:

Inflammation of the +  
Bowels from  
Obstruction of Bowels  
 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

## Contributory

(SECONDARY)

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. D. Jessup M. D.

Dec 3, 1911 (Address) Harley, 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 73 25  
 State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence Harley, Mo.

## PLACE OF BURIAL OR REMOVAL

Mt. Cornal Cemetery

## DATE OF BURIAL

Nov. 22, 1911

## UNDERTAKER

Stafford & Co. Harley, Mo.

## ADDRESS

Harley, Mo.

Original file, date

DEC 10, 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  
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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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