

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
County <u>Randolph Mo</u>		BUREAU OF VITAL STATISTICS	
Township _____		Registration District No. <u>733</u>	File No. <u>6430</u>
or Village _____		Primary Registration District No. <u>438</u>	Registered No. <u>12</u>
or City <u>Huntsville Mo.</u>		St. _____	Ward _____
FULL NAME <u>Francis Ann Redenbaugh</u>			

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	MARRIAGE MARRIED WIDOWED DIVORCED (Write the word) <u>widowed</u>	DATE OF DEATH <u>February 19, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Jan 30, 1839</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 5, 1912, to Feb 19, 1912,</u> that I last saw her alive on <u>Feb 19, 1912,</u> and that death occurred, on the date stated above, at <u>9.9 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Interstitial Nephritis</u> <u>(3)</u>	
AGE <u>73 yrs. 00 mos. 19 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?	(Duration) <u>1</u> yrs. <u>1</u> mos. <u>1</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory (SECONDARY) (Occupation) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>			Signed) <u>J. H. Mabey</u> M. D. <u>Feb 19, 1912</u> (Address) <u>Huntsville Mo</u>	
PARENTS	NAME OF FATHER <u>Hugh P. Barrie</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Lucy Tompison</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
	(Informant) <u>Chas. H. Clark</u>			Where was disease contracted if not at place of death?
(ADDRESS) <u>Columbia Mo.</u>			Former or usual residence _____	
File No. <u>Feb 19th 1912</u>	REGISTRAR <u>G. G. Bragg</u>		PLACE OF BURIAL OR REMOVAL <u>Columbia Mo.</u>	DATE OF BURIAL <u>Feb 21, 1912</u>
			UNDERTAKER <u>Andrew Minor</u>	ADDRESS <u>Huntsville Mo</u>

United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association

ment of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question lies to each and every person, irrespective of sex or many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *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 line of business or industry, and therefore an additional line is provided for the latter statement; it is used when needed. As examples: (a) *Manager of Cotton mill*; (b) *Salesman*, (b) *Grocery*; (a) *Foreman of Automobile factory*. The material on may form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Printer*, *Farm laborer*, *Laborer—Coal mine*, etc. At home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *Child at home*. Care should be taken to refer specifically the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housewife*. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state date of beginning of illness. If retired from business fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebrum* (the only definite synonym is "Epidemic al meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis meningis*, *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.)

