MARGIN RESERVED FOR BINDING

WHITE PAPER ONLY, 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.

V. S. No. 2.

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

PLACE OF DEATH

County: Carroll

Township: —

or Village: —

or City: Carrollton (NO. ____ Leslie St. First Ward)

Registration District No. 135 — File No. 8506

Primary Registration District No. 3010 — Registered No. 72

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

FULL NAME Julia H. Newlee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR OR RACE: White — SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Nov (Month) 29th (Day), 1843 (Year)

AGE: 68 yrs. 3 mos. 26 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): " " N. C.

BIRTHPLACE (City or town, State or foreign country): Painesville Ohio

PARENTS
NAME OF FATHER: Benjamin F. Hayden
BIRTHPLACE OF FATHER (City or town, State or foreign country): Harpers Ferry Va.
MAIDEN NAME OF MOTHER: Sarah B. Clayton
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Connellsville Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha H. Bronson

(ADDRESS) Macon Mo.

Filed Mar. 26. 1912. A. E. Austin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 28th (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from 17th Feby., 1912, to 22nd Mar., 1912, that I last saw her alive on 22nd Mar., 1912, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bulbar Paralysis
81A
97

(Duration) — yrs. — mos. 3d ds.

Contributory (Secondary) Arterio Sclerosis

(Duration) — yrs. — mos. — ds.

(Signed) W. W. Gill M. D.

26th Mar. 1912 (Address) Carrollton

*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~~: Oak Hill Cemetery — DATE OF BURIAL: March 27. 1912

UNDERTAKER: E. P. Willis — ADDRESS: Carrollton Mo.

nited States Standard Certificate of Death

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

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of occupation.—Precise statement of oc-
ery important, so that the relative health-
rious pursuits can be known. The ques-
o each and every person, irrespective of
ny occupations a single word or term on
vill be sufficient, e. g., *Farmer* or *Planter,*
mpositor, Architect, Locomotive engineer,
, Stationary fireman, etc. But in many
ly in industrial employments, it is neces-
(*a*) the kind of work and also (*b*) the
business or industry, and therefore an
e is provided for the latter statement; it
d only when needed. As examples: (*a*)
Cotton mill; (*a*) *Salesman,* (*b*) *Grocery;*
, (*b*) *Automobile factory.* The material
may form part of the second statement.
rn "Laborer," "Foreman," "Manager,"
., without more precise specification, as
Farm laborer, Laborer—Coal mine, etc.
ome, who are engaged in the duties of the
ly (not paid *Housekeepers* who receive a
y), may be entered as *Housewife, House-*
home, and children, not gainfully employed,
or *At home.* Care should be taken to re-
lly the occupations of persons engaged in
vice for wages, as *Servant, Cook, House-*
f the occupation has been changed or given
nt of the DISEASE CAUSING DEATH, state oc-
eginning of illness. If retired from busi-
act may be indicated thus: *Farmer (re-*
). For persons who have no occupation
rite *None.*

t of cause of death.—Name, first, the
SING DEATH (the primary affection with re-
e and causation), using always the same
m for the same disease. Examples: *Cere-*
ver (the only definite synonym is "Epidemic
l meningitis"); *Diphtheria* (avoid use of
Typhoid fever (never report "Typhoid
); *Lobar pneumonia; Bronchopneumonia*
a," unqualified, is indefinite); *Tuberculosis*
of lungs, meninges, peritonaeum, etc., *Carcinoma, Sar-*

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 *Diphtheria* (avoid use of

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.)

HUGH STEPHENS, JEFFERSON CITY.