

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 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Andrain</i>	Registration District No.	<i>24</i>	File No.	<i>31891</i>
Township	<i>Prarie</i>	Primary Registration District No.	<del>24</del> <i>5033</i>	Registered No.	
Village		City	(NO. _____) _____ St.	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <i>Elizabeth Jane Sammon</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Widow</i>	<i>Sept 6</i>	<i>1913</i>	<i>1913</i>
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>October</i>	<i>18</i>	<i>42</i>	<i>Aug 20</i>	<i>1913</i>	<i>Sept 6</i>
	(Month)	(Day) (Year)	that I last saw her alive on <i>Sept 6</i> , 1913, and that death occurred, on the date stated above, at <i>6 A</i> m.		
AGE	IF LESS than 1 day, _____ hrs. or _____ min.?		The CAUSE OF DEATH* was as follows:		
<i>70</i>	<i>0</i>	<i>0</i>	<i>Paralysis &amp; Senility</i>		
OCCUPATION	(a) Trade, profession, or particular kind of work		(Duration) _____ yrs. _____ mos. _____ ds.		
	<i>House Wife</i>		<i>878</i>		
	(b) General nature of industry, business, or establishment in which employed (or employer)		<i>1672</i>		
	<i>House Work</i>		<i>76 days</i>		
BIRTHPLACE	(City or town, State or foreign country)		Contributory (SECONDARY)		
	<i>Pike Co Mo</i>		<i>none</i>		
PARENTS	NAME OF FATHER	(Duration) _____ yrs. _____ mos. _____ ds.			
	BIRTHPLACE OF FATHER	(Signed) <i>T M Monroe</i> M. D.			
	MAIDEN NAME OF MOTHER	<i>Oct 5</i> 1913 (Address) <i>Zaddonia</i>			
	BIRTHPLACE OF MOTHER	*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) <i>Mrs. G. A. Henefee</i>					
(ADDRESS) <i>Zaddonia</i>					
Filed <i>Oct 5</i> 1913			<i>T M Monroe</i> REGISTRAR		
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<i>Zaddonia</i>			_____ 1913		
UNDERTAKER			ADDRESS		
<i>W. R. Pitzer</i>			<i>Zaddonia</i>		

# 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 AndrewTownship Prairie

or

City \_\_\_\_\_

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

Registration District No. 24File No. 31891Primary Registration District No. 5033

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

Elizabeth Jane Summers

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Oct. 13, 1842  
(Month) (Day) (Year)AGE 70 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) HousewifeBIRTHPLACE (City or town, State or foreign country) Pike Co. Mo.PARENTS NAME OF FATHER Eduard TribenBIRTHPLACE OF FATHER (City or town, State or foreign country) Dont knowMAIDEN NAME OF MOTHER EstherBIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs G. A. Menefee(ADDRESS) LadoniaFiled Oct. 5 1912 J. M. Monroe

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1912  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Aug. 20, 1912, to Sept. 6, 1912, that I last saw him live on \_\_\_\_\_, 1912.and that death occurred, on the date stated above, at 60 m.

The CAUSE OF DEATH\* was as follows:

Paralysis & Senility  
Paralysis Agilon(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 16 ds.Contributory none  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) J. M. Monroe M. D.  
Oct. 5, 1912 (Address) Ladonia

\*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 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State 70 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Where was disease contracted If not at place of death? At Home in Mo.Former or usual residence Mo.PLACE OF BURIAL OR REMOVAL Ladonia DATE OF BURIAL Sept 8 1912UNDERTAKER McPhetee ADDRESS Ladonia

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