

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.

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

PLACE OF DEATH Johnson ✓  
County Chickorum  
Township or Village or City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 49C File No. 33261  
Primary Registration District No. 5581 Registered No. 20

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

PERSONAL AND STATISTICAL PARTICULARS

SEX ♀ COLOR OR RACE W SINGLE ✓ MARRIED ○ WIDOWED ○ OR DIVORCED ○  
(Write the word)  
DATE OF BIRTH July 25, 1853  
(Month) (Day) (Year)  
AGE 59 yrs. 2 mos. 16 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) Household

BIRTHPLACE (City or town, State or foreign country) Johnson Co Mo

PARENTS  
NAME OF FATHER Moses Mullins  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo  
MAIDEN NAME OF MOTHER Julia Cavanaugh  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Boone Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs W. G. Leatlin  
(ADDRESS) Magnolia Mo.

Filed Oct 11, 1912 W. J. Martin  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 9, 1912, to Oct 11, 1912, that I last saw her alive on Oct 10, 1912, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

1912  
1912  
(Duration) \_\_\_ yrs. \_\_\_ mos. 5 ds.

Contributory Acute Bronchitis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.

(Signed) W. J. Martin M. D.  
Oct 11, 1912 (Address) Chickorum 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 Proyish Cem DATE OF BURIAL Oct 12, 1912 ✓

UNDERTAKER J. H. Sweeney ADDRESS Chickorum 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 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.)



REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Johnson  
 Township Chilhowee  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 426 File No. 33261  
 Primary Registration District No. 5581 Registered No. 20

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

FULL NAME Tracheal Francis Purdy

PERSONAL AND STATISTICAL PARTICULARS

SEX Y COLOR OR RACE White SINGLE Widowed  
 MARRIED Widowed  
 DIVORCED OR DIVORCED (If write the word)

DATE OF BIRTH July 25, 1853  
 (Month) (Day) (Year)

AGE 59 yrs. 2 mos. 16 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
 NAME OF FATHER Moses Collins  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.  
 MAIDEN NAME OF MOTHER Julia Cavanaugh  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Boone Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs W. G. Carlin

(ADDRESS) Magndia, Mo.  
 Filed Oct 11 1912 W. W. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 11, 1912, to Oct. 11, 1912, that I last saw her alive on Oct. 10, 1912, and that death occurred, on the date stated above, at 2a, m.

The CAUSE OF DEATH\* was as follows:  
Lobar pneumonia

(Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.  
 Contributory acute bronchitis  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) W. G. Martin M. D.  
Oct. 11, 1912 (Address) Chilhowee

\*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?

PLACE OF BURIAL OR REMOVAL Pisgah Cw. DATE OF BURIAL Oct. 12 1912  
 UNDERTAKER S. R. Sweeney ADDRESS Chilhowee Mo.

WRITE CLEARLY, WITH UNFADING INK. PERMANENT RECORD PRESERVED FOR BINDING

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*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 "Asthma," "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.)