

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH Butler  
County Butler Registration District No. 925 File No. 38500  
Township Ash Grove or Heart Mo Primary Registration District No. 51340 Registered No. 40  
City (NO. St. Ward)

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

FULL NAME Anna C. Cement

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec 1 (Month) 1 (Day) 1912 (Year)

AGE 52 yrs. 0 mos. 0 ds. IF LESS than 1 day, 0 hrs. or 0 min.?

OCCUPATION (a) Trade, profession, or particular kind of work 9-0  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE Livingston (City or town, State or foreign country) Co. Kentucky

PARENTS NAME OF FATHER (nm) Casely

BIRTHPLACE OF FATHER N.Y. (City or town, State or foreign country)

MAIDEN NAME OF MOTHER Mag Kneover

BIRTHPLACE OF MOTHER N.Y. (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 1

(ADDRESS) L. H. Collins

Filed 12-3 1912 Inaldin Ena REGISTRAR  
Vincennes Pharmacy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec-3 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 10, 1912, to Dec-1, 1912, that I last saw her alive on Dec 1st, 1912, and that death occurred, on the date stated above, at 12:30 p.m. The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Lungs.  
23rd (Duration) 2 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) (Duration) 6 mos. 0 ds.  
(Signed) V. L. Gochhouse M. D.  
12-3- 1912 (Address) Fish

\*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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.  
Where was disease contracted If not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL Wald DATE OF BURIAL Dec 4 1912  
UNDERTAKER L. A. J. J. J. J. J. ADDRESS Hicks Mo

Revised United States Standard Certificate  
of Death

[Census and American Public Health  
Association]

FROM  
**STATE BOARD OF HEALTH**  
Bureau of Vital Statistics

ation.—Precise statement of occu-  
pation, so that the relative health-  
risks can be known. The ques-  
tion and every person, irrespective of  
sex, and every person, irrespective of  
occupations a single word or term on  
the certificate sufficient, e. g., *Farmer or Planter*,  
*Architect*, *Locomotive engineer*,  
*Maritime fireman*, etc. But in many  
cases of industrial employments, it is neces-  
sary to give (a) the kind of work and also (b) the  
name of the industry, and therefore an-  
swer the question for the latter statement; it  
is needed when needed. As examples: (a) *Mill*;  
(a) *Salesman*, (b) *Grocery*;  
*Automobile factory*. The material  
is a part of the second statement.  
"Foreman," "Manager,"  
"Laborer," "Foreman," "Manager,"  
"Laborer," "Coal mine," etc.  
are engaged in the duties of the  
aid *Housekeepers* who receive a  
salary should be entered as *Housewife*, *House-*  
*children*, not gainfully employed,  
*me*. Care should be taken to rec-  
ord the occupations of persons engaged in  
occupations, as *Servant*, *Cook*, *House-*  
*keeper*. If the occupation has been changed or given

DISEASE CAUSING DEATH, state occu-  
pation at beginning of illness. If retired from busi-  
ness, that fact may be indicated thus: *Farmer (re-*  
*tired, 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 re-  
spect to time and causation), using always the same  
accepted term for the same disease. Examples: *Cere-*  
*brospinal fever* (the only definite synonym is "Epidemic  
cerebrospinal meningitis"); *Diphtheria* (avoid use of  
"Croup"); *Typhoid fever* (never report "Typhoid  
pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*  
("Pneumonia," or  
of lungs, mening

curi

tuberculosis  
oma, 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* (dis-  
ease causing death), 29 ds.; *Bronchopneumonia* (sec-  
ondary), 10 ds. Never report mere symptoms or ter-  
minal conditions, such as "Asthenia," "Anaemia"  
(merely symptomatic), "Atrophy," "Collapse," "Coma,"  
"Convulsions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Haemor-  
rhage," "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 under-  
taken. 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 na-  
ture of the injury, as fracture of skull, and conse-  
quences (e. g., *sepsis*, *tetanus*) may be stated under the  
head of "Contributory." (Recommendations on state-  
ment of cause of death approved by Committee on  
Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

