

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MillerTownship Franklin

Village _____

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1041File No. 39894xPrimary Registration District No. 5756

Registered No. _____

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

FULL NAME Margaret O'Connell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) WidowedDATE OF BIRTH Oct 27, 1824
(Month) (Day) (Year)AGE 88 yrs. 1 mos. 10 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) _____BIRTHPLACE (City or town, State or foreign country) VirginiaPARENTS NAME OF FATHER Joseph CarterburgBIRTHPLACE OF FATHER (City or town, State or foreign country) Not knownMAIDEN NAME OF MOTHER Nancy BoardBIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W W O'Connell(ADDRESS) Eldon MoFiled Dec 13, 1912 R. P. White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 28, 1912, to Dec 7, 1912, that I last saw her alive on Nov 28, 1912, and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

108
Pneumonia(Duration) 9 ds.

Contributory (SECONDARY) _____

(Signed) G. D. Walker M. D.
Dec 8, 1912 (Address) Eldon 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 Doodley Cemetery DATE OF BURIAL 12-8, 1912UNDERTAKER W A Phillips ADDRESS Eldon

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

PLACE OF DEATH

County _____
 Township _____ Registration District No. _____ File No. _____
 or Village _____ Primary Registration District No. _____ Registered No. _____
 or City _____ (NO. _____) St. _____ Ward _____
 (If death or hospital or give its No. of street and number)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|---------------------------------|--|
| SEX | COLOR OR RACE | SINGLE MARRIED WIDOWED OR DIVORCED (If fit the word) |
| DATE OF BIRTH | (Month) _____, _____, 191____ | (Day) _____, _____, 191____ |
| AGE | _____ yrs. _____ mos. _____ ds. | if LESS than 1 day, _____ hrs. or _____ min.? |

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

BIRTHPLACE
 (City or town, State or foreign country) _____

NAME OF FATHER

BIRTHPLACE OF FATHER
 (City or town, State or foreign country) _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
 (City or town, State or foreign country) _____

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

(ADDRESS) _____

Filed _____, 191____, _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
 _____ (Month) _____ (Day) _____

I HEREBY CERTIFY, that I attended deceased
 _____, 191____, to _____, 191____
 that I last saw him alive on _____, 191____
 and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows:

_____ (Duration) _____ yrs. _____ mos. _____

Contributory
 (SECONDARY)
 _____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____ (Address) _____, 191____

*State the Disease Causing Death, or, in deaths from Violence,
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____
 In the _____ State _____ yrs. _____
 Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL _____ **DATE OF** _____

UNDERTAKER _____ **ADDRESS** _____

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Miller
Township Franklin
Village _____
City _____ (NO. _____)

Registration District No. 1041 File No. _____
Primary Registration District No. 5756 Registered No. C
St. _____ Ward _____

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

FULL NAME Margaret Crum

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
DATE OF BIRTH Oct. 27, 1824
(Month) (Day) (Year)
AGE 88 yrs. 1 mos. 10 ds. IF LESS than
1 day, ___ hrs.
or ___ min.?

DATE OF DEATH Dec. 7, 1913
(Month) (Day) (Year)

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

I HEREBY CERTIFY, that I attended deceased from Nov. 28, 1913 to Dec. 7, 1913, that I last saw her alive on Nov. 28, 1913, and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia Fever
Bronchus Pneumonia
(Duration) _____ yrs. _____ mos. 9 ds.

BIRTHPLACE (City or town, State or foreign country) Virginia
PARENTS
NAME OF FATHER Joseph Carterbury
BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known
MAIDEN NAME OF MOTHER Nancy Boan
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) G. S. Walker M. D. (Address) Eldon, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Crum
(ADDRESS) Eldon, 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 _____

Filed Dec. 13, 1913 R. F. White REGISTRAR

PLACE OF BURIAL OR REMOVAL Woodley Cem. DATE OF BURIAL 12-8, 1913
UNDERTAKER W. A. Phillip ADDRESS Eldon

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, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); - *Measles*;

report mere symptoms or terminal conditions, such as "*Asithenia*," "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.)

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