

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

PLACE OF DEATH
County Meru
Township Princeton
or
Village Princeton
or
City MO (NO. _____) St. _____ Ward _____

Registration District No. 536 File No. 2001
Primary Registration District No. 4328 Registered No. 3

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

FULL NAME Montie Sole

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 13, 1879
(Month) (Day) (Year)

AGE 33 yrs. 6 mos. 12 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)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 10, 1913, to Jan 25, 1913, that I last saw her alive on Jan 24, 1913, and that death occurred, on the date stated above, at 6.9 m.

The CAUSE OF DEATH* was as follows:
Appendicitis

121 B
152 B

BIRTHPLACE (City or town, State or foreign country) Meru Co

PARENTS

NAME OF FATHER James B Mathews
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Ablina Mathews
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

Contributory Abscess
(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J M Anstow M. D.
Jan 25, 1913 (Address) Princeton Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Sole
(ADDRESS) Princeton 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 Jan 25, 1913 J M Anstow
REGISTRAR

PLACE OF BURIAL OR REMOVAL Cain Cemetery DATE OF BURIAL Jan 26, 1913
UNDERTAKER Ballin & Ryker ADDRESS Princeton Mo

United States Standard Certificate of Death

U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation important, so that the relative healthful pursuits can be known. The question of each and every person, irrespective of age, should be stated by a single word or term on the first line, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Man, etc.* But in many cases especially in employments, it is necessary to know (a) the nature of the business or occupation and also (b) the nature of the business or occupation; therefore an additional line is provided for this purpose; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Automobile factory. The statement may form part of the second statement, return "Laborer," "Foreman," "Manager," "Day laborer, Laborer—Coal mine, etc.* Women engaged in the duties of the household (e. g., *Housekeepers* who receive a definite salary), or as *Housewife, Housework, or At home,* and gainfully employed, as *At school or At home.* It is taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been stated on account of the DISEASE CAUSING occupation at beginning of illness. If relationship, that fact may be indicated thus: (e. g., *9 yrs.*). For persons who have no occupation, write *None.*

Statement of cause of death.—Name, first, the primary affection (with reference to etiology and causation), using always the same name for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *typhoid fever* (never report "Typhoid pneumonia; *Bronchopneumonia* ("Pneumonia, is indefinite); *Tuberculosis of lungs, Pleurisy, etc., Carcinoma, Sarcoma, etc.* of same origin; "Cancer" is less definite; avoid "malignant" 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.)