

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 8024

PLACE OF DEATH Academy
 County Academy
 Township Academy or Village Academy or City Academy
 Registration District No. 27 File No. 5030
 Primary Registration District No. 5030 Registered No. 5
 (NO. _____ St. _____ Ward _____)

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

FULL NAME Anna Murray

PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Mar 14, 1913
(Month) (Day) (Year)

DATE OF BIRTH Does not know
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 6, 1913, to Mar 14, 1913, that I last saw her alive on Mar 14, 1913, and that death occurred, on the date stated above, at 69 m. The CAUSE OF DEATH* was as follows:

AGE 70 yrs. 0 mos. 0 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

Pneumonia

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

107A
(Duration) ___ yrs. ___ mos. ___ ds.

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

Contributory (SECONDARY) AT
(Duration) ___ yrs. ___ mos. ___ ds.

PARENTS NAME OF FATHER jas Logan

(Signed) A. E. Connett M. D.
Mar 20, 1913 (Address) Academy mo

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

MAIDEN NAME OF MOTHER Sarah Gabbrath

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 70 yrs. 0 mos. 0 ds. In the 70 yrs. 0 mos. 0 ds. State mo
 Where was disease contracted if not at place of death? Place death

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

Former or usual residence usual residence

(ADDRESS) Academy mo

PLACE OF BURIAL OR REMOVAL Lilly Church DATE OF BURIAL Mar 15, 1913

Filed Mar 20, 1913 A. E. Connett REGISTRAR

UNDERTAKER J. Granger ADDRESS Loddoned 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, 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, 8 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, Sarcoma*, 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.)

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PLACE OF DEATH

County Audrain
Township Pine
or
Village
or
City

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

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

Registration District No. 27 File No.
5035
Primary Registration District No. 5035 Registered No. 5

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

FULL NAME

Anna Murry

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widow</u> (Write the word)
DATE OF BIRTH <u>don't know</u> (Month) (Day) (Year)		
AGE <u>70</u> yrs. <u>0</u> mos. <u>0</u> ds. IF LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>house keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>		
PARENTS	NAME OF FATHER <u>Jas. Hogan</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Yabbrath</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 17, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 6, 1913, to Mar. 14, 1913, that I last saw her alive on Mar. 14, 1913, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Pneumonia
Brandlo

(Duration) 9 yrs. 1 mos. 8 ds.

Contributory (SECONDARY)
(Duration) 8 yrs. 0 mos. 0 ds.

(Signed) Mar. 20, 1913 (Address) Rush Hill M. D.

* 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie Agdie
(ADDRESS) Rush Hill Mo.

Filed Mar 27, 1913 W. B. Cozette
REGISTRAR

PLACE OF BURIAL OR REMOVAL Littleby Church DATE OF BURIAL Mar. 12, 1913
UNDERTAKER G. Branger ADDRESS Laddonia Mo.

Original file, date MAR 1, 1913. All information called for must be written on this Supplementary Certificate

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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