

WHITE 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
County St. Francois
Township _____ or Village Farmington or City _____ NO. _____
Registration District No. 773 File No. 10500
Primary Registration District No. 4464 Registered No. 225
St. _____ Ward _____
FULL NAME Cassadie J. Smith
[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Don't know
(Month) (Day) (Year)

AGE 45 yrs. — mos. — 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) None

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

PARENTS

NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Aug 1, 1913, to March 14, 1913, that I last saw her alive on March 14, 1913, and that death occurred, on the date stated above, at 8:35 p.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23A
11A

(Duration) Don't know ds.

Contributory Grippe
(SECONDARY) (Duration) 1 yrs. — mos. — ds.

(Signed) M. S. Weston M. D.
March 15, 1913 (Address) Farmington, 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 8 yrs. 4 mos. 3 ds. In the State Don't know yrs. — mos. — ds.

Where was disease contracted if not at place of death? Don't know

Former or usual residence Diehlstadt, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Reed, Hosp. #4
(ADDRESS) Farmington, Mo.

Filed March 16, 1913, B. R. Downing REGISTRAR

PLACE OF BURIAL OR REMOVAL Hospital #4

DATE OF BURIAL March 18, 1913

UNDERTAKER Gallagher

ADDRESS Farmington, Mo.

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 is to be asked of each and every person, irrespective of age, sex, and various occupations a single word or term on the first line should be sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Fireman, etc.* But in many cases especially in the case of factory employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or occupation, and therefore an additional line is provided for the purpose of statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store; (a) Foreman, (b) Automobile factory.* The occupation worked on may form part of the second statement, as "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (such as paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework, or At home,* and those not gainfully employed, as *At school or At home.* It should be taken to report specifically the occupations of those engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been discontinued or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If removed from business, that fact may be indicated thus: (*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 reference to time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of "throat"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, Peritonitis, etc., Carcinoma, Sarcoma, etc.* of the organ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles;*

Whooping cough; Chronic valvular heart disease; 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* report mere symptoms or terminal conditions, "Asthenia," "Anaemia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debility," "Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., if definite disease can be ascertained as the cause. For all diseases resulting from childbirth, state cause of carriage, as "PUERPERAL septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state cause of INJURY and qualify as ACCIDENTAL, SUICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequent *sepsis, tetanus*) may be stated under the head "Contributory." (Recommendations on statement of death approved by Committee on Nomenclature of the American Medical Association.)

STATE BOARD OF HEALTH

Bureau of Vital Statistics

JEFFERSON CITY,

MISSOURI

To