

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  
County Franklin  
Township Boone  
or  
Village r  
or  
City ✓ (NO. \_\_\_\_\_)

Registration District No. 1104 File No. 15794  
Primary Registration District No. 5413-C Registered No. 16  
St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Louisa Stephens

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>	3 DATE OF DEATH <u>May 30, 1914</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>March 11, 1839</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>May 25, 1914</u> , to <u>May 30, 1914</u> ,	
AGE <u>75 yrs. 2 mos. 19 ds.</u>			that I last saw her alive on <u>May 30, 1914</u> ,	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			and that death occurred, on the date stated above, at <u>5:30 p. m.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>			The CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u> <u>92A</u> <u>118C</u>	
PARENTS	NAME OF FATHER <u>Frank Sullivan</u>		(Duration) _____ yrs. _____ mos. <u>6</u> ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>		Contributory _____	
	MAIDEN NAME OF MOTHER <u>Lucy Holt</u>		(SECONDARY) _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pennsylvania</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			(Signed) <u>W. P. Fitzgerald</u> M. D.	
(Informant) <u>Chas. L. Bartel</u>			<u>May 30, 1914</u> (Address) <u>Merrell Mo.</u>	
(ADDRESS) <u>Gerald Mo.</u>			* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Filed <u>May 30, 1914</u> , <u>W. P. Fitzgerald</u> REGISTRAR			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 <u>Strain Cemetery</u> DATE OF BURIAL <u>May 31, 1914</u>	
			UNDERTAKER <u>E. F. Ottmann</u> ADDRESS <u>Gerald Mo.</u>	

# 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*, *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, 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.)

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

PLACE OF DEATH

County

*Franklin*  
*Boone*

Township

or

Village

or

City

REGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETELY AS  
PRESCRIBED BY LAW.

Registration District No.

*1104*

File No.

Primary Registration District No.

*54159*

Registered No.

*16*

(NO.

St.

Ward)

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

FULL NAME

*Louisa Stephens*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH

DATE OF BIRTH

AGE

If LESS than  
1 day, hrs.  
yrs. mos. ds. or min.?

that I last saw h. alive on \_\_\_\_\_ 191\_\_\_\_  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* was as follows:

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)

PARENTS

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)

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

*5/30* 191*4*

(Address)

\*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 disease contracted  
If not \_\_\_\_\_ of death?

Former or  
usual residence

PLACE OF BURIAL OR REINTERMENT

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

(ADDRESS)

*W.P. Fitzgerald*  
REGISTRAR

Original file date

*5/14*

19

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SUPPLEMENTAL  
Satisfactory Information Supplied

May 30 1914  
GIBBERY CERTIFY, that I attended deceased from  
Satisfactory Information Supplied  
Acute Indigestion  
causing heart failure  
in case of chronic gastroenteritis  
Contributory  
(Duration) yrs. mos. ds.  
(Signed) *W.P. Fitzgerald* M. D.  
*5/30* 191*4* (Address) *Ward No.*  
\*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  
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Where disease contracted  
If not \_\_\_\_\_ of death?  
Former or  
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PLACE OF BURIAL OR REINTERMENT  
DATE OF BURIAL  
UNDERTAKER  
ADDRESS

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