

PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH 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

13850

PLACE OF DEATH  
County Green  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Springfield (NO. Remy & 2nd Ave St.; 7 Ward)

Registration District No. 318

File No. \_\_\_\_\_

Primary Registration District No. 2001

Registered No. 300

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

FULL NAME Maggie Glenn

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>May</u> <u>9</u> , <u>1879</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>8</u> mos. <u>8</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Webster Co Mo</u>		
PARENTS	NAME OF FATHER <u>Walter Hollie</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Webster Co Mo</u>	
	MAIDEN NAME OF MOTHER <u>Louise Reynolds</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dallas Co Mo</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>4</u> - <u>10</u> , 19 <u>14</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Jan 13</u> , 19 <u>13</u> , to <u>May 7</u> , 19 <u>14</u> , that I last saw <u>her</u> alive on <u>May 15</u> , 19 <u>14</u> , and that death occurred, on the date stated above, at <u>4</u> m.	
The CAUSE OF DEATH* was as follows: <u>23A</u> <u>no</u> <u>no</u> <u>Consumption (Lungs)</u> (Duration) <u>7</u> yrs. <u>8</u> mos. <u>8</u> ds.	
Contributory <u>Consumption</u> (SECONDARY) (Duration) <u>7</u> yrs. <u>8</u> mos. <u>8</u> ds.	
(Signed) <u>W. B. Barnes</u> M. D. <u>May 10</u> , 19 <u>14</u> (Address) <u>W. Barnes</u>	
*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	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. A. Williams  
(ADDRESS) Hollie & Motion

REGISTRAR  
Edw. F. James  
MAY 10 1914

PLACE OF BURIAL OR REMOVAL  
Bricks Church  
DATE OF BURIAL  
May 10 1914  
UNDERTAKER  
W. J. Major  
ADDRESS  
City

tribution." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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;*

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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.)*.  
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.)