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

1 PLACE OF DEATH

County: Cass

Township: P Hill
or
Village: P Hill
or
City: ..... (NO ....., ... St.; ..... Ward)

Registration District No. 157 — File No. 539

Primary Registration District No. 5221 — Registered No. 2

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

2 FULL NAME Nancy Ellen Rowe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Sept 28 (Month) (Day), 1850 (Year)

7 AGE: 67 yrs. 3 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer): —

9 BIRTHPLACE (City or town, State or foreign country): Indiana

PARENTS

10 NAME OF FATHER: Benj Hoot

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): New York

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Robt Calvin
(Address): Pleasant Hill Mo

15 Filed Feb 7, 1918. H M Grait, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 14 (Day), 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 5, 1917, to Jan 14, 1918, that I last saw her alive on Jan 13, 1918, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:
Chronic Bright's
131
549.0
Serious symp
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Fibroid Uterine tumor
Several years
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. F. Gordon M. D.
1/14, 1918. (Address) Pleasant Hill

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. — In the State 40 yrs. ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence: Indiana

19 PLACE OF BURIAL OR REMOVAL: Pleasant Hill Mo — DATE OF BURIAL: 1-16, 1918

20 UNDERTAKER: Parker & Hoon — ADDRESS: Pleasant Hill Mo

sed United States Standard Certificate of Death

ved by U. S. Census and American Public Health Association.]

tement of occupaion.—Precise statement of ion is very important, so that the relative ulness of varied pursuits can be known. The n applies to each and every person, irrespec- age. For many occupations a single word or the first line will be sufficient, e. g., *Farmer* or *Physician, Compositor, Architect, Locomotive r, Civil engineer, Stationary fireman*, etc. But cases, especially in industrial employments, essary to know (*a*) the kind of work and also nature of the business or industry, and there- additional line is provided for the latter nt; it should be used only when needed. nples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Sales- Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. terial worked on may form part of the second nt. Never return "Laborer," "Foreman," ger," "Dealer," etc., without more precise ation, as *Day laborer, Farm laborer, Laborer,— ine*, etc. Women at home, who are engaged duties of the household only (not paid *House-* who receive a definite salary), may be entered *sewife, Housework*, or *At home*, and children, nfully employed, as *At school* or *At home* ould be taken to report specifically the occu- of persons engaged in domestic service for as *Servant, Cook, Housemaid*, etc. If the tion has been changed or given up on account DISEASE CAUSING DEATH, state occupation at ng of illness. If retired from business, that y be indicated thus: *Farmer (retired, 6 yrs.)*. rsons who have no occupation whatever, *None*.

tement of cause of death.—Name, first, EASE CAUSING DEATH (the primary affection, spect to time and causation), using always the cepted term for the same disease. Examples: *spinal fever* (the only definite synonym is mic cerebrospinal meningitis"); *Diphtheria* use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, 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 *septichaemia*," "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.)