

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

1 PLACE OF DEATH

County Bates
Township Mingo
or
Village Mogabury
or
City (NO. St. Ward)

Registration District No. 267
Primary Registration District No. 5090

File No. 38003
Registered No. 1

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

2 FULL NAME Francis McKinney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)
6 DATE OF BIRTH Sept. 1898
(Month) (Day) (Year)
7 AGE 59 or 60
yrs. mos. ds. If LESS than 1 day, hrs. or min.?

16 DATE OF DEATH Nov. 30 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 7, 1918, to May 7, 1918, that I last saw her alive on May 7, 1918, and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:
apoplexy
64
(Duration) yrs. mos. ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (City or town, State or foreign country) North Carolina

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) H. L. Smith M. D.
12-1-1918 (Address) Wich

PARENTS
10 NAME OF FATHER Dout Knaw
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dout Knaw
12 MAIDEN NAME OF MOTHER Dout Knaw
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dout Knaw

*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 4 yrs. mos. ds. In the 6 State 6 yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Parker
(Address) Wich Mo

19 PLACE OF BURIAL OR REMOVAL Wich Mo DATE OF BURIAL 12-3 1918

15 Filed 12-1- 1918 E. G. Green
Registrar

20 UNDERTAKER H. L. Smith ADDRESS Wich Mo

N. B.—Every item of information should be actually 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.

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 health-various pursuits can be known. The question each and every person, irrespective of age, occupations a single word or term on the first sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Architect*, *Locomotive engineer*, *Civil engineer*, *fireman*, etc. But in many cases, especially in employments, it is necessary to know (a) the work and also (b) the nature of the business or industry and therefore an additional statement should be provided for statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Wagoner*, (b) *Wagoner*; (a) *Foreman*, (b) *Automobile factor*, etc. The occupation on may form part of the second statement, never return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day arm laborer*, *Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (paid *Housekeepers* who receive a definite salary), listed as *Housewife*, *Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations 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*, (name origin; "Cancer" is less definite

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*, *telanus*) 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.)