

County Perry, Mo.Township or Road Dist. Bois Brule

or Incorp. Town or Village

or City Clayville, Mo.Registration Dist. No. 1128
Primary Dist. No. 5879aSTANDARD
CERTIFICATE OF DEATH

41329

Registered No. 12Registration District No 1128
Primary Registration District No 6879-a

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

2. FULL NAME Dora Augusta Emma Ashbury

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6. DATE OF BIRTH March 31, 1894
(Month) (Day) (Year)7. AGE 24 yrs. 7 mos. 15 ds. If LESS than 1 day..... hrs. OR..... min.?8. OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)9. BIRTHPLACE (State or country) Illinois10. NAME OF FATHER Otto Roman11. BIRTHPLACE OF FATHER (State or country) Illinois12. MAIDEN NAME OF MOTHER Minnie Weinbock13. BIRTHPLACE OF MOTHER (State or country) Illinois14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Minnie Roman(Address) Clayville Mo15. Filed Nov 15th, 1918 by Frank H. Westmann Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 14, 1918
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1918 to Nov 14, 1918, that I last saw h-~~er~~ alive on Nov 14, 1918, and that death occurred, on the date stated above, at 9:40 P.M.

The CAUSE OF DEATH* was as follows:

109A 10
109A 10
(Duration) ... yrs. ... mos. 1 da.Contributory (Secondary) Pneumonia
(Duration) ... yrs. ... mos. 5 da.(Signed) W. J. ..., M. D.(Address) Chester Ill
Date Nov 15, 1918 Telephone 26118. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.Where was disease contracted, if not at place of death?
Former or usual residence19. PLACE OF BURIAL OR REMOVAL Chester Ill's Evergreen Cemetery DATE OF BURIAL Nov 16, 191820. UNDERTAKER Helge Bros ADDRESS Chester Ill's

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether: ACCIDENTAL, SUICIDAL, or HOMICIDAL

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.

Has decedent ever served in military or naval service of U. S.?

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*, *Composer*, *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*.—*Coroner*—*Report* specify in domestic *id.*, etc.—If the 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, peritonacum*, 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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "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.)

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.
 Accident—Nature of (Coroner)?
 Albuminuria—Disease causing?
 Angina—Was it scarlet fever or diphtheria?
 Ascites—Disease causing?
 Asphyxia—Accidental, suicidal—cause?
 Asthenia—State cause.
 Atrophy—Cause of—tuberculosis, syphilis?
 Auto { infection } Cause of?
 { intoxication }
 Bowel trouble—Name disease: diarrhoea, dysentery, enteritis, strangulation?
 Blood poisoning—State cause.
 Bottle feeding—What disease resulted?
 Breaking down—What disease?
 Cachexia—Cancer, syphilis, tuberculosis, malarial?
 Cardiac { Asthenia } Not accepted.
 { Debility }
 { Failure }
 { Weakness }
 Collapse—From what?
 Cold—Not accepted.
 Childbirth—Physiological—what caused death?
 Cellulitis—Give location and cause.

Coma—Cause { alcoholic? }
 { opium, etc.? }
 Convulsions—Cause { epileptic—puerperal? }
 { children, diarrhoea—enteritis? }
 Cramps—State cause of.
 Cyanosis—Cause of.
 Decline—State cause of.
 Debility—From what disease?
 Delirium { alcoholic? }
 { traumatic? }
 Dentition—Disease causing death?
 Dropsy—Name disease causing.
 Dyspepsia—What organic disease?
 Eclampsia—State cause of convulsions.
 Emphysema—State cause of.
 Exhaustion—State cause of.
 External violence—What kind of?
 Failure of vital powers—What disease?
 Feebleness—What disease?
 Gastritis—State cause of.
 Heart failure—See cardiac.
 Hemorrhage—What part, and cause?
 Inanition—Cause of?
 Insolation (under 24 hours) (Coroner)?
 Jaundice—?

Laparotomy—For what disease?
 Malnutrition—Cause of?
 Marasmus—What disease?
 Milk infection { diarrhoea? }
 { enteritis? }
 Miscarriage—State cause of.
 Nervous { exhaustion } State
 { fever } disease
 { shock }
 Operation—State part, and disease.
 Old age—What disease?
 Peritonitis—Cause of?
 Pernicious anemia { malarial? }
 { tuberculosis? }
 { syphilis, etc.? }
 Pyæmia—Cause of?
 Septicæmia—Cause of?
 Shock—From what?
 Surgical { operation } State disease.
 { shock }
 Syncope—State cause of.
 Tetanus—State cause of.
 Toxæmia—State cause of.
 Uræmia—Acute or chronic nephritis?
 Weakness—What disease?