

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

25862

1. PLACE OF DEATH  
 County Washington Registration District No. 784 File No. 65  
 Township Washington Primary Registration District No. 6030 Registered No. 65  
 City Washington, Mo. Ward

2. FULL NAME Mattie Cooper  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Custer Cooper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 4 3

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Virginia

10. NAME OF FATHER John Estell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Selina Divina

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT (Address) Guthrie Cooper, Kinloch, Missouri

15. FILED Aug 12 1919 J. J. Donnell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 10, 1919

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1919 to Aug. 10, 1919 that I last saw her alive on Aug. 10, 1919 and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Parenchymatous nephritis

CONTRIBUTORY (SECONDARY) 114 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED ✓  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH ✓ DATE OF Aug 3, 1919  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? urinary  
 (Signed) W. B. Key M. D.  
Aug 13, 1919 (Address) 161 N. Compton

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL Aug 12, 1919

20. UNDERTAKER W. C. Gordon ADDRESS 2649 Maple

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.

# 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) *Sales-*

*man*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile fac-*

*tory*. (The material worked on may form part of the

statement. Never return "Laborer," "Fore-

man," "Manager," "Dealer," etc., without more

specification, as *Day laborer, Farm laborer,*

*Coal mine*, etc. Women at home, who are

in the duties of the household only (not paid

as *Housewife, Housework* or *At home*, and

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 occupa-

tion at beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer (re-*

*tired, 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*; *Broncho-*  
*pneumonia* ("Pneumonia," unqualified, is indefinite);  
*Tuberculosis of lungs, meninges, peritoneum*, etc.,  
*Carcinoma, Sarcoma*, etc., of . . . . . (name ori-  
gin; "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 in-  
tercurrent) affection need not be stated unless im-  
portant. Example: *Measles* (disease causing death),  
*29 ds.*; *Bronchopneumonia* (secondary), *10 ds.*  
Never report mere symptoms or terminal conditions,  
such as "Asthemia," "Anemia" (merely symptom-  
atic), "Atrophy," "Collapse," "Coma," "Convul-  
sions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Hem-  
orrhage," "Inanition," "Marasmus," "Old age,"  
"Shock," "Uremia," "Weakness," etc., when a  
definite disease can be ascertained as the cause.  
Always qualify all diseases resulting from child-  
birth or miscarriage, as "*PUERPERAL septicemia*,"  
"*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 rail-*  
*way 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.