

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

18500

## 1 PLACE OF DEATH

 County Macon  
 Township Walnut  
 or  
 Village near Elmer  
 or  
 City ..... (NO ..... St. .... Ward)
Registration District No. 530File No. 1Primary Registration District No. 5207Registered No. 7

## 2 FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Female 4 COLOR OR RACE White 5 SINGLE  
 MARRIED Widowed  
 WIDOWED  
 OR DIVORCED  
 (WRITE THE WORD)

 6 DATE OF BIRTH March 13, 1930  
 (Month) (Day) (Year)

 7 AGE 95 yrs. 3 mos. 1 ds. If LESS than  
 1 day.....hrs. or.....min.?

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

 9 BIRTHPLACE  
 (City or town, State or foreign country) Howard Missouri

|         |   |
|---------|---|
| PARENTS | 10 NAME OF FATHER<br><u>Chas. Hatfield</u>                                      |
|         | 11 BIRTHPLACE OF FATHER<br>(City or town, State or foreign country) <u>U.S.</u> |
|         | 12 MAIDEN NAME OF MOTHER<br><u>Sallie</u>                                       |
|         | 13 BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)             |

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) ms. Nancy Snook  
 (Address) Elmer Mo

 15 Filed July 10, 1925 J. C. Patterson  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH June 14, 1925  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, that I attended deceased from  
June 11, 1925 to June 11, 1925  
 that I last saw her alive on June 11, 1925,  
 and that death occurred, on the date stated above, at 1:25 p.m.

The CAUSE OF DEATH\* was as follows:

Senility old age
 CONTRIBUTORY (Secondary) 16 yr  
 (Duration) yrs. mos. ds.

 (Signed) W. H. Good M. D.  
June 14, 1925, (Address) Elmer Mo

 \*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.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

 19 PLACE OF BURIAL OR REMOVAL Elmer DATE OF BURIAL 6-14-1925

 20 UNDERTAKER S. M. Davitt ADDRESS Elmer Mo

# Revised United States Standard Certificate of Death

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

(Approve

**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*, *Teacher*, *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 the nature of the business or industry, and therefore, an additional line is provided for the latter for the statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the second part of the statement. Never return "Laborer," "Foreman," "Laborer manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Farm labor mine*, etc. Women at home, who are engaged in the duties of the household only (not paid household workers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, if gainfully employed, as *At school* or *At home*. Employees should be taken to report specifically the occupation of persons engaged in domestic service for persons at home, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state occupation at time of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, use *None*.

**Statement of cause of death.**—Name, first, last, and middle (the primary affection with respect to time and causation), using always the 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, 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 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.)