

MARGIN RESERVED FOR BINDING

V. S. No. 2.

107  
26 1929

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.

PLACE OF DEATH

County Texas  
Township Morris  
or  
Village  
or  
City Huggins (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Registration District No. 18 File No. 11 5155  
Primary Registration District No. 6189 Registered No. 17

FULL NAME Lae Zurecky

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF BIRTH May 12, 1873  
(Month) (Day) (Year)

AGE 56 yrs. 9 mos. 3 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work housewife  
(b) General nature of Industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Jacksonville, Ill.

NAME OF FATHER Marion Gaty

BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama

MAIDEN NAME OF MOTHER Agnes Jackson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Marion Zurecky  
(ADDRESS) Huggins

Filed 2-7- 1929 L. E. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 15 1929  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 5-9, 1927, to 1-12, 1929, that I last saw her alive on 5-3, 1927, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Lungs

31 (Duration) yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY)  
8 (Duration) yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) B. J. Houston M. D.  
1-15-1929 (Address) Huggins

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

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

PLACE OF BURIAL OR REMOVAL Rock Springs DATE OF BURIAL 1-16-29  
UNDERTAKER C. E. Williams ADDRESS Marion Zurecky

1320 55-8-3

# 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) *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*. 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 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*, *Sar-*

*coma*, 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.)



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Texas Registration District No. 18 File No. 11  
 Township Marion Primary Registration District No. 6139 Registered No. 17  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Lee Girschky

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
55 8 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jacksonville  
 (STATE OR COUNTRY)

10. NAME OF FATHER Marion

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

12. MAIDEN NAME OF MOTHER Charles Jackson

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

14. INFORMANT Marion Girschky  
 (Address) Higgins mo

15. FILED 8-17-29 E. E. Franer  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1929

17. I HEREBY CERTIFY That I attended deceased from 5-8 1929 to 1-12 1929 that I last saw her alive on 1-3 1929 and that death occurred, on the date stated above 7:30am.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis of Lungs.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH. DATE OF. WAS THERE AN AUTOPSY. WHAT TEST CONFIRMED DIAGNOSIS. (Signed) B. L. Johnston M. D. (Address) manes mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Rock Springs 1-15-29  
 20. UNDERTAKER M. C. Wilson ADDRESS

N. B. - Every death certificate 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. REGISTRARS SHOULD NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-515-5