STATE OF ~~KANSAS~~ Missouri

State Board of Health—Division of Vital Statistics

MAR 24 1934

STANDARD CERTIFICATE OF DEATH

Do not write 4252 in this space

1. PLACE OF DEATH: County Cass 160

19 Township ..... Registered No. 4094

or City Westline No. ....., ... St., ... Ward

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

2. FULL NAME Julia A. Peyton

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

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? .....

If so, state Organization ..... Rank ..... Period of service .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White Am.

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. O. Peyton

6. DATE OF BIRTH (month, day, year) 9-13-1857

7. AGE Years 77 Months 5 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Feb. 1934.

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Cass County Missouri

FATHER

13. NAME Nathan Tyler Shaley

14. BIRTHPLACE (city or town) (State or country) unknown Connecticut

MOTHER

15. MAIDEN NAME Sarah Ann Albright

16. BIRTHPLACE (city or town) (State or country) unknown Ohio

17. INFORMANT (Address) Mrs. Bessie Williams Louisburg Kansas

18. BURIAL, CREMATION, OR REMOVAL Place Shaley Cemetery Date 2-25, 1934

19. UNDERTAKER (Address) Edward B. Runyan Louisburg Kansas

20. FILED Feb-25 1934 Mary Meador Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 22, 1934 to Feb. 23, 1934

I last saw her alive on Feb. 22, 1934, death is said to have occurred on the date stated above at 6 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage — Date of onset 2-17-34

87 A

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19..

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) V. A. Moore M. D.

(Address) Cleveland Mo

be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 14-7115-a

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of vigorous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

EXAMPLE II

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Contributory causes of importance not related to principal cause:	
Influenza	*6 weeks ago*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN