

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.

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

PLACE OF DEATH  
County Gasconade  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village Morrison  
or \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 304 File No. 6000  
Primary Registration District No. 4183 Registered No. 2

FULL NAME Sarah Virginia Laughlin

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH March 3, 1845  
(Month) (Day) (Year)

AGE 65 yrs. 11 mos. 6 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Nurse  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-35

BIRTHPLACE (City or town, State or foreign country) Osage Co., Mo.

PARENTS  
NAME OF FATHER Creed Burnett  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia  
MAIDEN NAME OF MOTHER Mary Williams  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Howender  
(ADDRESS) Peoria Ill

Filed Feb 9 1911 J. H. Caughell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 1, 1910, to Feb 9, 1911, that I last saw her alive on Feb 9, 1911, and that death occurred, on the date stated above, at 49 m.

The CAUSE OF DEATH\* was as follows:

Decomposition of liver  
1250  
(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. H. Caughell M. D.  
Feb 9 1911 (Address) Morrison

\*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 Shobbs Cem Chasms DATE OF BURIAL Feb 10 1911

UNDERTAKER C. L. Pope ADDRESS Morrison

# States Standard Certificate of Death

S. Census and American Public Health Association)

**Occupation.**—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer or Planter, sitor, Architect, Locomotive engineer, lationary fireman*, etc. But in many industrial employments, it is necessary the kind of work and also (b) the siness or industry, and therefore an provided for the latter statement; it ply when needed. As examples: (a) *on mill; (a) Salesman, (b) Grocery; Automobile factory*. The material form part of the second statement.

**Laborer.**—“Foreman,” “Manager,” without more precise specification, as *m laborer, Laborer—Coal mine*, etc. who are engaged in the duties of the not paid *Housckepers* who receive a may be entered as *Housewife, House- and children*, not gainfully employed, *at home*. Care should be taken to re- occupations of persons engaged in or wages, as *Servant, Cook, House-* occupation has been changed or given the DISEASE CAUSING DEATH, state oc- ling of illness. If retired from busi- may be indicated thus: *Farmer* (re- for persons who have no occupation *one*.

**cause of death.**—Name, first, the DEATH (the primary affection with re- causation), using always the same the same disease. Examples: *Cere-* the only definite synonym is “Epidemic ingitis”); *Diphtheria* (avoid use of *oid fever* (never report “Typhoid *bar pneumonia; Bronchopneumonia* (qualified, is indefinite); *Tuberculosis s, peritonacum*, 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.)

HUGH STEPHENS, JEFFERSON CITY.



**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

**CIVIL, 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.)