

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH  
County Grundy  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or City Trenton Mo. (NO. 208, East 11th St. Ward)  
Registration District No. 330 File No. 942  
Primary Registration District No. 3017 Registered No. 6  
FULL NAME Margaret Elliott (If death occurred in a hospital or institution, give its NAME instead of street and number)

**PERSONAL AND STATISTICAL PARTICULARS**

|  |  |   |
|--|--|---|
| SEX<br><u>Female</u>   | COLOR OR RACE<br><u>white</u>                                    | SINGLE<br>MARRIED<br>WIDOWED<br>OR DIVORCED<br>(Write the word)<br><u>widowed</u> |
| DATE OF BIRTH<br><u>Feb. 22<sup>nd</sup>, 1830</u><br>(Month) (Day) (Year)   |  |   |
| AGE<br><u>81</u> yrs. <u>10</u> mos. <u>19</u> ds.   |  | IF LESS than<br>1 day, ___ hrs.<br>or ___ min.?                                   |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work <u>Housekeeper</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>Go</u> |  |   |
| BIRTHPLACE<br>(City or town, State or foreign country) <u>McConnellville, Morgan Co. Ohio</u>  |  |   |
| PARENTS  | NAME OF FATHER<br><u>James Harper</u>                            |   |
|  | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country) |   |
|  | MAIDEN NAME OF MOTHER<br><u>Liddie White</u>                     |   |
|  | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country) |   |

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Jan 10, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 15, 1911, to Jan 12, 1912, that I last saw her alive on Jan 8, 1912, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH\* was as follows:  
Senile debility  
15 (Duration) yrs. mos. ds.  
Contributory None (SECONDARY) (Duration) yrs. mos. ds.  
(Signed) J. P. Farr M. D.  
Jan 11 1912 (Address) Trenton Mo

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Mitchell  
(ADDRESS) 208 E. 11th St.  
Filed 1-11-1912 S. Sheldon REGISTRAR

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<br><u>Odd Fellows Cemetery Trenton</u> | DATE OF BURIAL<br><u>Jan 11, 1912</u> |
| UNDERTAKER<br><u>E. J. Hensley &amp; Co</u>                       | ADDRESS<br><u>Trenton</u>             |

# 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*, *peritonaeum*, 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.)



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PLACE OF DEATH

County Grundy  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Prenton (NO. 208 E. 11)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 330  
Primary Registration District No. 3017

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 942  
Registered No. 6

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

FULL NAME Margaret Elliott.

PERSONAL AND STATISTICAL PARTICULARS

|   |   |  |
|---|---|--|
| SEX<br><u>f.</u>  | COLOR OR RACE<br><u>w.</u>  | SINGLE MARRIED WIDOWED OR DIVORCED<br><u>wid.</u><br>(If write the word) |
| DATE OF BIRTH<br><u>Feb 22</u> , 18 <u>30</u><br>(Month) (Day) (Year)   |   |  |
| AGE<br><u>81 yrs. 10 mos. 19 ds.</u>  |   | If LESS than 1 day, ___ hrs. or ___ min.?                                |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>Housekeeper</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) |   |  |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>McConnellsville, Morgan Co. Ohio</u>   |   |  |
| PARENTS   | NAME OF FATHER<br><u>James Harper</u>   |  |
|   | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Ohio</u> |  |
|   | MAIDEN NAME OF MOTHER<br><u>Liddy White</u>                                     |  |
|   | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Ohio</u> |  |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 15, 1911, to Jan 10, 1912, that I last saw alive on Jan 8, 1912, and that death occurred, on the date stated above, at 2-9 m.

The CAUSE OF DEATH\* was as follows:  
Senile debility

Contributory (SECONDARY) None  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. F. Fair M. D.  
Jan 11, 1912 (Address) Prenton Mo

\*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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE -  
(Informant) Mrs Addie M. Collins  
(ADDRESS) 208 E 11 St.

Filed Jan 13, 1912 by E. A. Ouffy  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Odd Fellows Cem. Prenton DATE OF BURIAL Jan 9, 1912

UNDERTAKER J. H. Hamley & Co ADDRESS Prenton Mo

JAN + All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

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

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