

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

8241

1. PLACE OF DEATH

County Green Registration District No. 316 File No. _____
 Township Green Primary Registration District No. 4191 Registered No. 8
 City Ash Grove (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/27/1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 | 8 | 76

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Reynolds, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Daniel England

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

12. MAIDEN NAME OF MOTHER Annada Johnson

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

14. INFORMANT L.A. Henderson
 (Address) Ash Grove Mo

15. FILED 3-24-1923 Belcherston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1922

17. I HEREBY CERTIFY, That I attended deceased from 3-18-1922, to 3-23-1922, that I last saw him alive on 19, and that death occurred, on the date stated above, at 6-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
urinary poisoning
as result of
chronic nephritis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 131
1923 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) Charles A. McCallister, M.D.
227, 1912 (Address) Ash Grove, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bury Country Ash Grove Mo DATE OF BURIAL 3/29 1922

20. UNDERTAKER Chandler Gallagher ADDRESS Ash Grove Mo

CAUSE OF DEATH in plain terms, and that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death by stated EXACTLY.

United States Standard Certificate of Death

U. S. Census and American Public Health Association.

sufficient, e. g.,
 itor, Architect, Loc
 fireman, etc. Bu
 employments, it
 work and also (b)
 and therefore an
 statement; it sh
 examples: (a) Sp
 'Grocery; (a) Fore
 terial worked on
 Never return
 "Dealer," etc.;
 Day laborer, Fa
 Women at home,

household only
 definite salary),
 is very important,
 or At home, and
 ss of various pursu
 can be known. The
 school or At hom
 plies to each and
 every person, irrespec
 tively of the occu
 For many occupati
 ons a single word or
 service for wages,
 first line will be
 sufficient, e. g.,
 Farmer or
 occupation has b
 ystician, Compositor,
 Architect, Locomo
 the DISEASE CAUS
 r, Civil Engineer,
 Stationary Fireman,
 etc. of illness. If
 retired from busi
 ness, especially in
 industrial employ-
 ment, it is necessary
 to know (a) the
 kind of work done
 and (b) the nature
 of the business or
 industry.

Statement of
 DISEASE CAUSING
 DEATH (time and
 causation),
 the same disease,
 definite synonym
 (e. g., "Epidemic
 cerebrospinal men
 ingitis"); Diphther
 ia; Typhoid fever
 (never report "Ty
 phoid pneumonia");
 Tuberculosis (e. g.,
 "Pneumonia");
 Carcinoma, Sarcoma,
 etc. (never report
 "Cancer"); Meas
 les; Whooping cough;
 Chronic valvular
 heart disease; Chro
 nic interstitial
 nephritis; etc. (se
 cundary or inter
 current affection
 need not be stated
 unless important).
 Example: Measles
 (disease causing
 death), 29 ds.;
 Bronchopneumonia
 (secondary), 10
 ds. Never report
 mere symptoms
 or terminal conditi
 ons, such as "Ast
 henia," "Anemia"
 (merely symptom
 atic), "Atrophy,"
 "Collapse," "Coma,"
 "Convulsions,"
 "Debility" ("Con
 genital," "Senile,"
 etc.), "Dropsy,"
 "Exhaustion,"
 "Heart failure,"
 "Hemorrhage,"
 "Inanition,"
 "Marasmus,"
 "Old age," "Shock,"
 "Uremia," "Weak
 ness," etc., when
 a definite disease
 can be ascertained
 as the cause. Al
 ways qualify all
 diseases resulting
 from childbirth
 or miscarriage, as
 "PUERPERAL
 septicemia," "PU
 ERPERAL peritonitis,"
 etc. State cause
 for which surgical
 operation was un
 dertaken. For
 VIOLENT DEATHS
 state MEANS OF
 INJURY and qual
 ify as ACCIDENTAL,
 SUICIDAL, or
 HOMICIDAL, or as
 probably such, if
 impossible to
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 Examples: Acci
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 struck by rail
 way 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 "Contribu
 tory." (Recommend
 ations on statement
 of cause of death
 approved by Com
 mittee on Nomen
 clature of the
 American Medical
 Association.)

ment of Occupation.—Precise statement of
 is very important, so that the relative
 of various pursuits can be known. The
 applies to each and every person, irrespec
 tively of the occupation. For many occupati
 ons a single word or phrase will be
 sufficient, e. g., *Farmer* or *Day laborer*,
Physician, *Compositor*, *Architect*, *Locomo
 tive Engineer*, *Stationary Fireman*, etc.
 In cases, especially in industrial employ-
 ment, it is necessary to know (a) the kind of work
 done and (b) the nature of the business or
 industry.

Statement of Cause of Death.—Name, first,
 (the primary affection with respect to time
 and causation), using always the same
 accepted term for the same disease. Ex
 amples: *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," unqual
 ified, is indefinite); *Tuberculosis of lungs*,
meninges, *peritoneum*, etc.; *Carcinoma*,
Sarcoma, etc., of (name origin;
 "Cancer" is less definite; avoid use of
 "Tumor" for malignant neoplasma);
Measles; *Whooping cough*; *Chronic
 valvular heart disease*; *Chronic interstitial
 nephritis*, etc. The contributory (second
 ary or intercurrent) affection need not be
 stated unless important. Example: *Meas
 les* (disease causing death), 29 ds.; *Bron
 chopneumonia* (secondary), 10 ds. Never
 report mere symptoms or terminal conditi
 ons, such as "Asthenia," "Anemia" (merely
 symptomatic), "Atrophy," "Collapse,"
 "Coma," "Convulsions," "Debility" ("Con
 genital," "Senile," etc.), "Dropsy,"
 "Exhaustion," "Heart failure," "Hem
 orrhage," "Inanition," "Marasmus,"
 "Old age," "Shock," "Uremia," "Weak
 ness," etc., when a definite disease can
 be ascertained as the cause. Always
 qualify all diseases resulting from child
 birth or miscarriage, as "PUERPERAL
 septicemia," "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." (Recommend
 ations on statement of cause of death
 approved by Committee on Nomenclature
 of the American Medical Association.)

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 ment, it is necessary to know (a) the
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NOTE.—Individual offices may add to above list of undesir
 able terms and refuse to accept certificates containing them.
 Thus the form in use in New York City states: "Certificates
 will be returned for additional information which give any of
 the following diseases, without explanation, as the sole cause
 of death: Abortion, cellulitis, childbirth, convulsions, hemor
 rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,
 necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus."
 But general adoption of the minimum list suggested will work
 vast improvement, and its scope can be extended at a later
 date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
 BY PHYSICIAN.