

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

PLACE OF DEATH

County Ray  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Richmond (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 744 File No. 35330  
Primary Registration District No. 2035 Registered No. 84

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

FULL NAME Mary F. G. Jacobs

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	<del>SINGLE</del> <del>MARRIED</del> <del>WIDOWED</del> <del>OR-DIVORCED</del> (Write the word) <u>Widow</u>
DATE OF BIRTH <u>Sept 6</u> <sup>18</sup> <del>1885</del> <u>1888</u> (Month) (Day) (Year)		
AGE <u>92</u> yrs. <u>2</u> mos. <u>9</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none 1908</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none 162</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Franklin Tennessee</u>		
PARENTS	NAME OF FATHER <u>H. M. Harwood</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Texas U.S.A.</u>	
	MAIDEN NAME OF MOTHER <u>Nancy G. Barksdale</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pa U.S.A.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 30, 1910, to Nov. 15, 1910, that I last saw her alive on Nov. 15, 1910, and that death occurred, on the date stated above, at 10:45 PM.

The CAUSE OF DEATH\* was as follows:  
Old age and broken hips. Introcapsular fracture left femur  
(Duration) \_\_\_\_\_ yrs. 6 mos. 15 ds.

Contributory Old age  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas. B. Shotwell M. D.  
Nov. 16 1910 (Address) Richmond 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) Nannie G. Barr  
(ADDRESS) Kansas City Mo.

Filed Nov 17 1910 Geo W. Harris  
J. G. J. REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u>	DATE OF BURIAL <u>Nov 17</u> 191 <u>0</u>
UNDERTAKER <u>Stewart &amp; Co</u>	ADDRESS <u>Richmond</u>

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.

# 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 septichaemia," "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 probably such, if impossible to determine de  
Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—ho*  
*Poisoned by carbolic acid—probably suicide.* Nature of the injury, as fracture of skull, and quences (e. g., *sepsis*, *tetanus*) may be stated un head of "Contributory." (Recommendations of ment of cause of death approved by Commi Nomenclature of the American Medical Assoc

