

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Ray		Registration District No.	740	File No.	6455
Township	Crooked River		Primary Registration District No.	4442	Registered No.	7
or						
Village						
or						
City	Hardin		(NO. _____ St. _____ Ward _____)			(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME			Martha Ellen Rush			
PERSONAL AND STATISTICAL PARTICULARS			3 MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Female	White	Widowed	Feb 7, 1912 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
Sept 11, 1837 (Month) (Day) (Year)			Feb 4, 1912, to Feb 7, 1912,			
AGE			that I last saw her alive on Feb 6, 1912,			
74 yrs. 4 mos. 26 ds.			and that death occurred, on the date stated above, at 9 a. m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work			Paralysis			
(b) General nature of industry, business, or establishment in which employed (or employer)			82A			
0-0			82D			
BIRTHPLACE			162			
(City or town, State or foreign country)			several yrs. mos. ds.			
Madison Co. Va.			Contributory			
PARENTS			(SECONDARY)			
NAME OF FATHER			(Duration) yrs. mos. ds.			
Jeremiah Y. Shotwell			Signed) Marvin Grimes M. D.			
BIRTHPLACE OF FATHER			Feb 9, 1912 (Address) Hardin Mo.			
(City or town, State or foreign country)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
Maiden Name of Mother			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
Mary Utz			At place of death yrs. mos. ds. In the State yrs. mos. ds.			
BIRTHPLACE OF MOTHER			Where was disease contracted if not at place of death?			
(City or town, State or foreign country)			Former or usual residence			
Virginia			PLACE OF BURIAL OR REMOVAL			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			DATE OF BURIAL			
(Informant) Sarah V. Rush			New Hope Cemetery Feb. 8, 1912			
(ADDRESS) Hardin, Mo.			UNDERTAKER			
Filled Feb 10, 1912 M. Grimes			C. O. Mansum & Son			
REGISTRAR			ADDRESS			
			Hardin Mo			

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.)



PLACE OF DEATH

County Ray

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

Township _____

Registration District No. 740

File No. _____

or Village _____

Primary Registration District No. 4442Registered No. 7or City Hardin

(NO. _____)

St. _____

Ward _____

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

FULL NAME

Martha Ellen Rush.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>W.</u>
DATE OF BIRTH <u>Sept. 11</u> , 18 <u>37</u> (Month) (Day) (Year)		
AGE <u>74</u> yrs. <u>4</u> mos. <u>26</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Madison, Va.</u>		
PARENTS	NAME OF FATHER <u>Jacharius Shotwell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Vir.</u>	
	MAIDEN NAME OF MOTHER <u>Mary Metz</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Virginia</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah V. Rush</u> (ADDRESS) <u>Hardin Mo.</u>		
Filed <u>10</u> 191 <u>2</u> <u>M. Grimes</u> <u>Filed April 10, 1912</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>Feb. 7</u> , 191 <u>2</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from _____, 191 <u>2</u> , to _____, 191 <u>2</u> , that I last saw her alive on <u>2/7</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>9 a.</u> m.	
The CAUSE OF DEATH* was as follows: <u>Paralysis (Stenoplegia)</u> <u>Sequel of Cerebral hemorrhage</u>	
(Duration) <u>several</u> mos. ds.	
Contributory (SECONDARY) <u>Senility</u> (Duration) ___ yrs. ___ mos. ds.	
(Signed) <u>Marian Grimes</u> M. D. <u>April 10, 1912</u> (Address) <u>Hardin Mo.</u>	
*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 <u>New Hope Cem.</u>	DATE OF BURIAL <u>2/8</u> , 191 <u>2</u>
UNDERTAKER <u>C. O. Mansen & Son</u>	ADDRESS <u>Hardin Mo.</u>

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

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ALL LEADING INK—THIS IS A PERMANENT RECORD

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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 "Asithenia," "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.)