

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13423

PLACE OF DEATH
County Monteau
Township Walker
or
Village
or
City (NO. St. Ward)

Registration District No. 574

File No.

Primary Registration District No. 5769

Registered No. 29

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

FULL NAME

Elizabeth Elvira McClellan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR-DIVORCED Widowed
(If write the word)

DATE OF DEATH

4 12, 1915
(Month) (Day) (Year)

DATE OF BIRTH

April 14, 1830
(Month) (Day) (Year)

AGE

84 yrs. 11 mos. 28 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

I HEREBY CERTIFY, that I attended deceased from

4 - 2, 1915, to 4 - 12, 1915,

that I last saw her alive on 4 - 10, 1915,

and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Tenn.

NAME OF FATHER Alfred Norman

BIRTHPLACE OF FATHER
(City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Annie Byler

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. B. Cloninger

(ADDRESS) E. B. Cloninger California

Filed A-14, 1915, H. R. Popejoy

REGISTRAR

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Laguerre

(Duration) ____ yrs. ____ mos. 10 ds.

(Signed) H. R. Popejoy M. D.

4 - 14, 1915 (Address) California

*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 RESIDENT 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 Safford Ave.

DATE OF BURIAL

4/14, 1915

UNDERTAKER J. C. Longan

ADDRESS California

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 (widowed Housekeepers who receive a definite salary), may be returned as *Housewife, Housework*, or *At home*, and children, who are 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, Housemaid*, etc. If the occupation has been changed, give up on account of the DISEASE CAUSING DEATH, the occupation at beginning of illness. If retired, give business, that fact may be indicated thus: *Farmer (6 yrs.)*. For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with regard to causation), using always the same word for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Bronchopneumonia* ("Pneumonia" is indefinite); *Tuberculosis of lungs*, etc., *Carcinoma, Sarcoma*, etc., of the 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.)