

N. B.—Every item of information 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 Moniteau
Township Pilot Grove
or
Village Cassidy
or
City _____ (NO _____ St. _____ Ward)

Registration District No. 5775 File No. 20725
Primary Registration District No. 375 Registered No. 4

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

FULL NAME Sarah M Loganbill

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Married
MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH June 6 1838
(Month) (Day) (Year)
AGE 76 yrs. — mos. 16 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
(City or town, State or foreign country) France

PARENTS
NAME OF FATHER Jacob Mosier
BIRTHPLACE OF FATHER (City or town, State or foreign country) France
MAIDEN NAME OF MOTHER Margdaline Welty
BIRTHPLACE OF MOTHER (City or town, State or foreign country) France

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B Luckertill
(ADDRESS) Excelsior, Mo

Filed June 23 1912 L. D. Latham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 15, 1912 to June 20, 1912
that I last saw her alive on June 20, 1912
and that death occurred, on the date stated above, at 5 1/2 m.

THE CAUSE OF DEATH* was as follows:
91A Palsy Complicat
6 3/4 (Duration) 2 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. E. Blackiston M. D.
June 23, 1912 (Address) Excelsior, 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 _____

PLACE OF BURIAL OR REMOVAL Excelsior DATE OF BURIAL June 24, 1912
UNDERTAKER W A Kidwell ADDRESS Bersailles 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*, *Composer*, *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.)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information on CAUSE OF DEATH in plain text. If not actually supplied, AGE should be stated in plain text. If not actually supplied, AGE should be stated in plain text. If not actually supplied, AGE should be stated in plain text.

PLACE OF DEATH

County

Moniteau

Township

Pilot Grove

Village

City

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

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

Registration District No.

577

File No.

20725

Primary Registration District No.

5775

Registered No.

4

St. Ward

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

FULL NAME

Sarah M. Loganbill

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

married

DATE OF BIRTH

June 6, 1836

AGE

76 yrs. 16 mos.

If LESS than 1 day, hrs. or mins.

OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer's wife

(b) General nature of industry, business, or establishment in which employed (or employer)

House work

BIRTHPLACE

(City or town, State or foreign country)

France

NAME OF FATHER

Jacob Horner

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

France

MAIDEN NAME OF MOTHER

Magdalena Welty

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

France

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. B. Luckenbill

(ADDRESS)

Excelsior Mo.

Filed

July 10, 1912

(BY)

L. L. Latham

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 22, 1912

I HEREBY CERTIFY, that I attended deceased from

June 15, 1912, to June 20, 1912,

that I last saw her alive on June 20, 1912,

and that death occurred, on the date stated above, at 12 hr.

The CAUSE OF DEATH* was as follows:

Acute ascending paralysis

Contributory

(SECONDARY) (Duration) yrs. mos. ds.

(Signed) H. E. Blacksten, M. D.

623, 1912 (Address) Excelsior 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

PLACE OF BURIAL OR REMOVAL

Reed

DATE OF BURIAL

June 24, 1912

UNDERTAKER

W. A. Kidwell

ADDRESS

Versailles Mo.

Original file, date 19

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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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*, *Sarcoma*, 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.)