

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

PLACE OF DEATH

County Moniteau Registration District No. 573 File No. 2049  
Township Willoughby or Village \_\_\_\_\_ Primary Registration District No. 4227 Registered No. 1  
or City \_\_\_\_\_ (NO. 5771A St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Arrianda Catherine Thixton

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED Married  
WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Jan. 15, 1913  
(Month) (Day) (Year)

DATE OF BIRTH June 10, 1844  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-15, 1912, to 1-15, 1913, that I last saw her alive on Jan 3, 1913, and that death occurred, on the date stated above, at 8:45 a.m.

AGE 68 yrs. 7 mos. 5 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Uremia  
578  
132  
41 (Duration) yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Mo. Ky.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) G. S. Wilson M. D.  
116 (Address) Fortuna

PARENTS NAME OF FATHER Asa S. Grope  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.  
MAIDEN NAME OF MOTHER Sarah A. Smith  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) F. B. Thixton  
(ADDRESS) Fortuna

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 \_\_\_\_\_

Filed 11-16-13 G. S. Wilson REGISTRAR

PLACE OF BURIAL OR REMOVAL Thixton Cemetery DATE OF BURIAL 1-16-1913  
UNDERTAKER L. Patterson & Son ADDRESS Thixton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact structure of

# 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.)



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

Information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in every case, so that it may be properly recorded. OCCUPATION is very important.

PLACE OF DEATH Moniteau  
County Willow Fork  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 573 File No. \_\_\_\_\_  
Primary Registration District No. 5771a Registered No. 1

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

FULL NAME Amanda Catherine Thixton

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>June 10</u> , 18 <u>44</u> (Month) (Day) (Year)		
AGE <u>68</u> yrs. <u>7</u> mos. <u>5</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

DATE OF DEATH  
Jan 15, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-15, 1913, to 1-15, 1913, that I last saw live on Jan 3, 1913, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH\* was as follows:  
Remia poisoning

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

PARENTS

NAME OF FATHER <u>Asea D. Drake</u>	(Duration) _____ yrs. _____ mos. <u>4</u> ds.
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky</u>	Contributory (SECONDARY) <u>Rheumatism</u>
MAIDEN NAME OF MOTHER <u>Sarah A. Hunt</u>	(Duration) <u>1</u> yrs. _____ mos. _____ ds.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky</u>	(Signed) <u>G. S. Wilson</u> M. D. <u>1-16-1913</u> (Address) <u>Fortuna</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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) F. B. Thixton  
(ADDRESS) Fortuna

PLACE OF BURIAL OR REMOVAL <u>Thixton Cem</u>	DATE OF BURIAL <u>1-16</u> , 191 <u>3</u>
UNDERTAKER <u>L. Patterson &amp; Son</u>	ADDRESS <u>Thixton</u>

Filed Jan 16 1913 G. S. Wilson REGISTRAR

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