

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

PLACE OF DEATH

County St Louis
Township Carondelet
or
Village
or
City Quarantine

Registration District No. 7 File No. 39500
Primary Registration District No. 6248 Registered No. 256
(NO. Quarantine Hospital St.: _____ Ward)

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

FULL NAME William Watson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH Oct 20, 1863
(Month) (Day) (Year)

AGE 57 yrs. 1 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

NAME OF FATHER W. L. Watson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri

MAIDEN NAME OF MOTHER Ann Starks

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Fehl Hospital Information
(ADDRESS) Quarantine Hospital

File No. Dec. 1, 1910 L. O. Brock REGISTRAR
L. O. Brock

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 22, 1910, to Nov 28, 1910, that I last saw him alive on Nov 28, 1910, and that death occurred, on the date stated above, at 20 a.m. The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) M. J. Dwyer M. D. Nov 28, 1910 (Address) Quarantine No 0

*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. 5 ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Do not know

Former or usual residence 1315 Morgan St

PLACE OF BURIAL OR REMOVAL Patton's Field DATE OF BURIAL Dec 2, 1910

UNDERTAKER City ADDRESS _____

States Standard Certificate of Death

S. Census and American Public Health
Association]

occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary the kind of work and also (b) the business or industry, and therefore an provision for the latter statement; it only when needed. As examples: (a) *on mill*; (a) *Salesman*, (b) *Grocery*; (c) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *mill laborer*, *Laborer—Coal mine*, etc. who are engaged in the duties of the not paid *Housekeepers* who receive a salary may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, at home. Care should be taken to report the occupations of persons engaged in for wages, as *Servant*, *Cook*, *Housewife*. If occupation has been changed or given the DISEASE CAUSING DEATH, state occasion of illness. If retired from business may be indicated thus: *Farmer* (retired) or persons who have no occupation *None*.

cause of death.—Name, first, the DISEASE (the primary affection with remote causation), using always the same for the same disease. Examples: *Cerebral meningitis*; *Diphtheria* (avoid use of "epidemic"); *Typhoid fever* (never report "Typhoid fever"); *Pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis*, *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*, *tejanus*) 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.)

