

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 Crawford 1896
Township _____ Registration District No. 229 File No. 1-840
or _____
Village Bourbon Primary Registration District No. 4139 Registered No. 16
or _____
City _____ (NO. _____ St. _____ Ward _____)

FULL NAME Loyde Elbert King

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Oct 2 1910
(Month) (Day) (Year)
AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. 3 mos. 3 ds.

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE
(City or town, State or foreign country) Leasburg, Mo

PARENTS
NAME OF FATHER Clyde Elbert King
BIRTHPLACE OF FATHER Pike Co, Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Rose Ethel West
BIRTHPLACE OF MOTHER Leasburg, Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clyde E. King
(ADDRESS) Bourbon, Mo

Filed Jan 5 1911 E. L. Hanna
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 30, 1910, to Jan 5, 1911, that I last saw him live on Jan 5, 1911, and that death occurred, on the date stated above, at 11 a.m.
The CAUSE OF DEATH* was as follows:

Marasmus
15 1/2
(Duration) _____ yrs. 2 mos. _____ ds.

Contributory _____ (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. L. Hanna M. D.
Jan 5 1911 (Address) Bourbon, 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 Leasburg, Mo DATE OF BURIAL Jan 6 1911
UNDERTAKER _____ ADDRESS _____

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.)



This form may be used only for the purpose for which it was designed. It is not to be used for any other purpose. Its use for any other purpose is prohibited.

PLACE OF DEATH

County Crawford
Township Bourbon
or
Village Bourbon
or
City _____ (NO. _____ St.; _____ Ward)

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

Registration District No. 229- File No. 840
Primary Registration District No. 4139 Registered No. _____

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

FULL NAME

Lloyd Elbert King

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH _____, 1911
(Month) (Day) (Year)

AGE 48 yrs. 3 mos. 3 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) Leasburg, Mo.

PARENTS

NAME OF FATHER Lloyd Elbert King

BIRTHPLACE OF FATHER
(City or town, State or foreign country) Paris, Mo.

MAIDEN NAME OF MOTHER Rose Edith West

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lloyd E. King

(ADDRESS) Bourbon, Mo.

Filed Jan 16 1911 by E. L. Hemm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
11/30, 1910, to 1/5, 1911,
that I last saw him alive on 1/5, 1911,
and that death occurred, on the date stated above, at 11 a.m.
The CAUSE OF DEATH* was as follows:

Marasmus
(Duration) _____ yrs. 2 mos. _____ ds.

Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. L. Hemm M. D.
1-5- 1911 (Address) Bourbon 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 Leasburg - Mo. DATE OF BURIAL 1-6- 1911

UNDERTAKER None ADDRESS None

JAN

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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 septichaemia," "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.)