

N. B.—Every item of information should be carefully supplied. AGE 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 Saline  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village Arrow Rock  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 792  
 Primary Registration District No. 4473

File No. 12961  
 Registered No. 15

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

**FULL NAME** William Edgar Bingham

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>April 9, 1858</u> (Month) (Day) (Year)		
AGE <u>53</u> yrs. <u>10</u> mos. <u>15</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Feb. 27, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1905, to Feb. 27, 1911, that I last saw him alive on Feb. 27, 1911, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH\* was as follows:  
Phthisis Pulmonalis  
23A

OCCUPATION  
 (a) Trade, profession, or particular kind of work clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) U. S. G.

BIRTHPLACE  
 (City or town, State or foreign country) Arrow Rock, Mo

PARENTS	NAME OF FATHER <u>Geo. Bingham</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Va.</u>
	MAIDEN NAME OF MOTHER <u>Minerva Valdemar</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va.</u>

(Duration) 10 or 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) B. B. Bradshaw M. D.  
Feb. 27, 1911 (Address) Arrow Rock, Mo

\*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) Lennie Bingham  
 (ADDRESS) Arrow Rock, Mo

LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death 6 yrs. 0 mos. 0 ds. In the 3 yrs. 53 mos. 10 ds.  
 Where was disease contracted if not at place of death?  
 Former or usual residence \_\_\_\_\_

Filed Mar 14, 1911 M. S. McGuire  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Arrow Rock</u>	DATE OF BURIAL <u>Feb 28, 1911</u>
UNDERTAKER <u>Spencer F. Gigg</u>	ADDRESS <u>Arrow Rock</u>

# 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*, *peritoneum*, 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*; *Chronic contributory (secondary or intercurrent) disease causing death*, 29 ds.; *Bronchopneumonia (secondary)*, 10 ds. Never report mere sym- tominal conditions, such as "Asthenia," "Collapse" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state the State cause for which surgical operation was taken. For VIOLENT DEATHS state the means which qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, probably such, if impossible to determine. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicide*. 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.)

