

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 Daviss
Township Liberty
or
Village Altamont
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 248 File No. 13894
Primary Registration District No. 4148 Registered No. 5

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

FULL NAME Lillie Lola Wathen

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH September 8, 1909
(Month) (Day) (Year)
AGE 1 yrs. 6 mos. 23 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

DATE OF DEATH March 31, 1911
(Month) (Day) (Year)

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

I HEREBY CERTIFY, that I attended deceased from Mar. 20, 1911, to March 31, 1911, that I last saw him alive on March 31, 1911, and that death occurred, on the date stated above, at 3:30 p.m.
The CAUSE OF DEATH* was as follows:

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

Diabetes
59 (Duration) ____ yrs. 1 mos. ____ ds.

PARENTS
NAME OF FATHER ✓
BIRTHPLACE OF FATHER (City or town, State or foreign country) ✓
MAIDEN NAME OF MOTHER Pearl Wathen
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Weatherly

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) L. E. Walker M. D.
April 1, 1911 (Address) Altamont

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Wathen
(ADDRESS) Altamont 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 _____

Filed April 1, 1911 L. E. Walker REGISTRAR

PLACE OF BURIAL OR REMOVAL Cape Cemetery DATE OF BURIAL April 2, 1911
UNDERTAKER W. B. Collier ADDRESS Altamont

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.)

HUGH STEPHENS, JEFFERSON CITY.



MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH

County Davies

Township _____

or Village Altamont

or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 248

File No. 13894

Primary Registration District No. 4148

Registered No. _____

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

FULL NAME Lillie Lola Walther

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH September 8, 1909
(Month) (Day) (Year)

AGE 1 yr. 6 mos. 23 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) Altamont

PARENTS NAME OF FATHER Mr. Wm. Weatherby BIRTHPLACE OF FATHER _____ MAIDEN NAME OF MOTHER Rosal Wathin BIRTHPLACE OF MOTHER Weatherby

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Walther (ADDRESS) Altamont Mo

Filed May 4 1911 C. E. Walker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 20, 1911, to March 31, 1911, that I last saw her alive on March 31, 1911, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows: Diabetes

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

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

(Signed) L. E. Wally M. D. Apr. 1 1911 (Address) Altamont

*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 Cape Cemetery DATE OF BURIAL Apr. 2 1911

UNDERTAKER W. B. Calhoun ADDRESS Altamont

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