

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Cole

Township _____

Registration District No. 213File No. 17309

Village _____

Primary Registration District No. 2014Registered No. 73City JEFFERSON CITY, Mo.(NO. Mo. State Penitentiary Ward)

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

FULL NAME W. R. Woodson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)DATE OF BIRTH not known, 1883
(Month) (Day) (Year)AGE 28 yrs. X mos. X 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) Overalls factoryBIRTHPLACE (City or town, State or foreign country) Bloomfield MoNAME OF FATHER not knownBIRTHPLACE OF FATHER (City or town, State or foreign country) not knownMAIDEN NAME OF MOTHER not knownBIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Waterman(ADDRESS) Jefferson City MoFiled May 13, 1911 J. A. Waterman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Dec 16, 1911, to May 9, 1911, that I last saw him alive on May 9, 1911, and that death occurred, on the date stated above, at 4:50 a.m.The CAUSE OF DEATH* was as follows:
Phthisis Pulmonaria
23 A
gfb
(Duration) 1 yrs. X mos. 1 ds.Contributory (SECONDARY) X
(Duration) X yrs. X mos. X ds.(Signed) J. A. Waterman M. D.
May 9, 1911 (Address) Jefferson City 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 3 yrs. 9 mos. ds. In the 28 yrs. mos. ds.Where was disease contracted if not at place of death not knownFormer or usual residence Bloomfield Mo.PLACE OF BURIAL OR REMOVAL Kirksville, Mo DATE OF BURIAL 5/15, 1911UNDERTAKER Walter Green ADDRESS J. C. Mo

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

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 "Eidemic 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., *Carcinom*, *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,"

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.

