

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

PLACE OF DEATH

County Knott
Township Hobins
or
Village
or
City _____ (NO. _____ St. _____ Ward)

Registration District No. 448
Primary Registration District No. 5601

File No. 18166

Registered No. _____

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

FULL NAME Henry Waterman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH May 13, 1911
(Month) (Day) (Year)

DATE OF BIRTH Aug 10, 1884
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 12, 1911, to May 13, 1911, that I last saw him alive on May 13, 1911, and that death occurred, on the date stated above, at 5:30 P.M.

AGE 77 yrs. 9 mos. 3 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

Gastrolgia 103
132A
118C
(Duration) 1 - about - yrs. mos. ds.

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

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

PARENTS
NAME OF FATHER Henry Waterman
BIRTHPLACE OF FATHER (City or town, State or foreign country) England
MAIDEN NAME OF MOTHER Seluo ✓
BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

(Signed) Don Pinner M. D.
May 14, 1911 (Address) Newark

*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) Hannah Luekett
(ADDRESS) Newark

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 May 14, 1911 W. J. McKin
REGISTRAR

PLACE OF BURIAL OR REMOVAL Lewis Co Mo DATE OF BURIAL May 11, 1911
UNDERTAKER Geo W Glover ADDRESS Newark

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.

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*, *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*, 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.)



County Knox
Township Fabius
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 445 File No. 18766
Primary Registration District No. 5605 Registered No. _____

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

FULL NAME Henry Waterman

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|-------------------------------|--|
| SEX <u>male</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u> |
| DATE OF BIRTH <u>Aug. 10</u> , 18 <u>34</u> (Month) (Day) (Year) | | |
| AGE <u>77</u> yrs. <u>9</u> mos. <u>3</u> ds. | | If LESS than 1 day, ____ hrs. or ____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13, 1911
(Month) (Day) (Year)

THEREBY CERTIFY, that I attended deceased from May 12, 1911, to May 13, 1911, that I last saw him alive on May 13, 1911, and that death occurred, on the date stated above, at 5:30 P.

The CAUSE OF DEATH* was as follows:
Gastralgia

(Duration) about yrs. ____ mos. ____ ds.

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

| | |
|---------|---|
| PARENTS | NAME OF FATHER <u>Henry Waterman</u> |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u> |
| | MAIDEN NAME OF MOTHER <u>Mary Selus</u> |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>England</u> |

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

(Signed) Don Pierce M. D.
May 14, 1911 (Address) Newark

* 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) Hannah Lockett
Newark
(ADDRESS)

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 May 14 1911 Don Pierce
REGISTRAR

| | |
|--|--|
| PLACE OF BURIAL OR REMOVAL <u>Lewis Co. Mo.</u> | DATE OF BURIAL <u>May 15</u> , 191 <u>1</u> |
| UNDERTAKER <u>Geo. W. Glover</u> | ADDRESS <u>Newark</u> |

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.)