

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 Lafayette
Township _____
or
Village _____
or
City Lexington Mo.

Registration District No. 461 File No. 21616
Primary Registration District No. 3024 Registered No. 574
St. _____ Ward _____

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

FULL NAME William A Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Dec 24 1889</u> (Month) (Day) (Year)		
AGE <u>21</u> yrs. <u>5</u> mos. <u>24</u> ds. if LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Butler</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Deuling's Store</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Lexington Mo.</u>		
PARENTS	NAME OF FATHER <u>William A Ford</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Lexington Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Minnie Lessmitt</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Maywood Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH X
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 6, 1911, to June 13, 1911, that I last saw him alive on 13, 1911, and that death occurred, on the date stated above, at 2:30 p.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis
Y 23A
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory contributory
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. B. Payne M. D.
June 22, 1911 (Address) Lexington 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Ford
(ADDRESS) Lexington Mo.
Filed _____ 1911 G. L. Fredendall REGISTRAR

PLACE OF BURIAL OR REMOVAL
Lexington Mo.
DATE OF BURIAL 6/20 1911
UNDERTAKER Chas. W. Taylor
ADDRESS Lexington

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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County Lafayette

Township _____

Village _____

City Lexington (NO. _____)

Registration District No. 461

File No. 21616

Primary Registration District No. 3024

Registered No. 54

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

FULL NAME William A. Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE black SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF BIRTH Dec - 24, 1889
(Month) (Day) (Year)

AGE 21 yrs. 5 mos. 24 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS NAME OF FATHER William A. Ford

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

MAIDEN NAME OF MOTHER Margie Flenmitt

BIRTHPLACE OF MOTHER (City or town, State or foreign country) May View Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. A. Farch

(ADDRESS) Lexington Mo.

Filed June 24th, 1911, G. L. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 6, 1911, to June 13, 1911, that I last saw him alive on _____, 1911, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows: Tuberculosis

(Duration) _____ yrs. 7 mos. _____ ds.

Contributory (SECONDARY) (Duration) _____ yrs. 7 mos. _____ ds.

(Signed) N. B. Payne M. D. June 20, 1911 (Address) Lexington

*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 Lexington Mo. DATE OF BURIAL 6/21, 1911

UNDERTAKER A. W. Naylor ADDRESS Lexington

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.), "Dropsey," "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.)