

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

PLACE OF DEATH

County Putnam
Township Harris
or
Village
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 1058 File No. 35684
Primary Registration District No. 5991 Registered No. 3

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

FULL NAME Pauline Cecile Wilson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE White SINGLE single
~~MARRIED~~
~~OR DIVORCED~~
(If write the word)

DATE OF BIRTH 10 24 1909
(Month) (Day) (Year)

AGE 2 yrs. 14 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) _____

DATE OF DEATH 10 5 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Oct 5, 1911, to Oct 5, 1911, that I last saw her alive on Oct 5, 1911, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Consumption
38
4
(Duration) ___ yrs. ___ mos. 1 ds.

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

PARENTS
NAME OF FATHER John Wilson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill
MAIDEN NAME OF MOTHER Stellingsma
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Ch R. Hester M. D.
Oct 5 1911 (Address) city

*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) _____

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 _____

(ADDRESS) _____
Filed Oct 9 1911 H. H. Slagle REGISTRAR

PLACE OF BURIAL OR REMOVAL Putnam Burial DATE OF BURIAL Oct 9 1911
UNDERTAKER Geo. Barnhart ADDRESS _____

State of Missouri, Bureau of Vital Statistics, so that it may be properly classified. - District statement of OCCUPATION IS VERY IMPORTANT.

2020

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.)



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

PLACE OF DEATH
County Ripley
Township 7thards
or
Village
or
City

Registration District No. 1058
Primary Registration District No. 5991

File No.
Registered No. 3

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

FULL NAME Paulie Cecile Willson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> <small>(Write the word)</small>
DATE OF BIRTH <u>10 - 24 1909</u> <small>(Month) (Day) (Year)</small>		
AGE <u>2</u> yrs. <u>14</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 - 8 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 8, 1911, to Oct 8, 1911, that I last saw h. in alive on Oct 8, 1911, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
congestive chill
Billed 1/21

PARENTS

NAME OF FATHER <u>John Willson</u>
BIRTHPLACE OF FATHER <u>Ill.</u>
MAIDEN NAME OF MOTHER <u>Wesley May Ricket</u>
BIRTHPLACE OF MOTHER <u>Ill.</u>

Contributory 112 Curial
(SECONDARY)

(Signed) C. B. Nasser M. D.
Oct 8 1911 (Address) Oply.

*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) Lena Core A

(ADDRESS) Peraman Mo A
Filed 12/19 1911 Registrar W. H. Slagle

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 <u>New Hope</u>	DATE OF BURIAL <u>Oct 9 1911</u>
UNDERTAKER <u>Geo. Baruhart</u>	ADDRESS <u>Peraman Mo</u>

Revised United States Standard Certificate of Death

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

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