

PLACE OF DEATH

County Laney
 Township Gasper
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
Registration District No. 1068File No. 40230Primary Registration District No. 613

Registered No. _____

FULL NAME

Benjamin Franklin White

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married
 (Write the word)

DATE OF BIRTH Mar 15 1841
 (Month) (Day) (Year)

AGE 70 yrs. 7 mos. 21 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 7-52

BIRTHPLACE (City or town, State or foreign country) Howard Co. Mo.

PARENTS
 NAME OF FATHER James Lewis White
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
 MAIDEN NAME OF MOTHER Nancy J. Stinson
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O. L. White
 (ADDRESS) Bluff Mo

Filed Nov 11 1911 J. H. Bazel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 27, 1911, to Nov 6, 1911, that I last saw him alive on Nov 5, 1911, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
465

Contributory (Duration) 1 yrs. X mos. 1 ds.
 (Signed) J. H. Wade M. D.
Nov 6 1911 (Address) Ponce de Leon

*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 46 yrs. 3 mos. 3 ds. In the 70 yrs. 7 mos. 21 ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Meadows Cemetery DATE OF BURIAL Nov 8 1911
 UNDERTAKER _____ ADDRESS _____

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 restate specifically the occupations of persons engaged in gainful occupations for wages, as *Servant*, *Cook*, *House-*
If 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 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.)

HUGH STEPHENS, HONORARY CITY

5072

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

PLACE OF DEATH
 County Janez
 Township Jasper
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

Registration District No. 116 File No. 5 40230
 Primary Registration District No. 612 Registered No. 5

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

FULL NAME Benjamin Franklin White

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>M</u> (Write the word)
DATE OF BIRTH <u>Mar 15 1841</u> (Month) (Day) (Year)		
AGE <u>70</u> yrs. <u>7</u> mos. <u>21</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 Nov 6 1911
 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Oct 27 1911, to Nov 6 1911, that I last saw him alive on Nov 3 1911, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver

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

PARENTS

NAME OF FATHER <u>Robert J. White</u>	CONTRIBUTORY (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	(Signed) <u>J. A. Wade</u> M. D.
MAIDEN NAME OF MOTHER <u>Wesley J. Simon</u>	(Address) <u>Dona de Leon</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

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) J. A. Wade

(ADDRESS) Bluff Mo.

Filed Jan 4th 1912 of P. Boyd REGISTRAR

PLACE OF BURIAL OR REMOVAL Meadows Cem.

DATE OF BURIAL Nov 8 1911

UNDERTAKER 0

ADDRESS 0

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 *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.)

definitely. *at gainfully employed, Poisoned by* persons engaged in *sepsis, tetanus* want, *Cook, House-* tributory." (R changed or given death approved DEATH, state oc- American Medicetired from busi- is: *Farmer (re-* tired, 6 yrs.). For persons who have no occupation whatever, write *None*.

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