

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 Greene
Township Boyer
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 311 File No. 41112
Primary Registration District No. 5430 Registered No. 15

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

FULL NAME

S. Jasper Milligan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Dec 1, 1910
(Month) (Day) (Year)

DATE OF BIRTH Feb 25, 1838
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 1, 1910, to Dec 2, 1910, that I last saw him alive on Dec 2, 1910, and that death occurred, on the date stated above, at 3:30 P.M.

AGE 73 yrs. 9 mos. 7 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Cancer of the face
4 1/2

OCCUPATION (a) Trade, profession, or particular kind of work Farmer & Minister
(b) General nature of industry, business, or establishment in which employed (or employer) of Gospel

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

52 (Duration) 7 yrs. 0 mos. 0 ds.

NAME OF FATHER David Milligan

Contributory none

BIRTHPLACE OF FATHER (City or town, State or foreign country) N. C.

(Duration) ___ yrs. ___ mos. ___ ds.

MAIDEN NAME OF MOTHER Anna Stanley

(Signed) S. J. Williamson M. D.
(Address) _____, 1910

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

*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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Wool Chiles

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(ADDRESS) Greene, Mo.

Where was disease contracted if not at place of death?

Former or usual residence _____

Filed Dec 2, 1910, S. J. Williamson REGISTRAR

PLACE OF BURIAL OR REMOVAL Waltham Cross yard DATE OF BURIAL _____, 1910

UNDERTAKER John Cunningham Stanley 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 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, meningis, peritonacum*, 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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

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

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

County Gentry
Township Boyer
or
Village
or
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Registration District No. 311 File No. 41112
Primary Registration District No. 5430 Registered No. 15
(NO. St. Ward)

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

FULL NAME S. Jasper Milligan

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb. 25, 1838
(Month) (Day) (Year)

AGE 73 yrs. 9 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer and Minister of Gospel
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Cannon Co. Tenn.

NAME OF FATHER David Milligan

BIRTHPLACE OF FATHER (City or town, State or foreign country) N.C.

MAIDEN NAME OF MOTHER Ann Stanley

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Paul Childers
(ADDRESS) Gentry, Mo.

Filed Dec 2 1911 REGISTRAR J. M. Williamson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 1, 1910, to Dec. 2, 1911, that I last saw him alive on Dec. 2, 1911, and that death occurred, on the date stated above, at 330 P.M.

The CAUSE OF DEATH* was as follows: Cancer of the face

(Duration) 2 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) none

(Duration) yrs. mos. ds.

(Signed) D. T. Williamson M. D.
Dec 2 1911 (Address) Gentry, 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

PLACE OF BURIAL OR REMOVAL Watkins Grove, Ia. DATE OF BURIAL Dec 4 1911

UNDERTAKER John Pennington ADDRESS Stanbery, Mo.

Revised United States Standard Certificate of Death

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

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