

PLACE OF DEATH

County TexasTownship Carroll

or Village _____

or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 864File No. 43712Primary Registration District No. 6140Registered No. 20

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

FULL NAME Wesley named

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE white SINGLE yes
MARRIED
WIDOWED
OR DIVORCED
(Write the word)DATE OF BIRTH Oct. 16, 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day, 3 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) _____

BIRTHPLACE Texas County
(City or town, State or foreign country) ms.

PARENTS

NAME OF FATHER John MeadowBIRTHPLACE OF FATHER Houston ms.
(City or town, State or foreign country)MAIDEN NAME OF MOTHER Annie EstessBIRTHPLACE OF MOTHER Sumville ms.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. John Meadow(ADDRESS) SumvilleFiled Dec. 9, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Oct 16, 1911, to Oct 16, 1911,
that I last saw him alive on Oct 16, 1911,
and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

was born ab 7 ms 15/11
15/11
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____

(SECONDARY)

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

(Signed) J. H. Waller M. D.Oct 16, 1911 (Address) Sumville

*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

Bethel Aubrey

DATE OF BURIAL

Oct 17, 1911

UNDERTAKER

unknown

ADDRESS

Sumville ms

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, 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 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.)



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 DEATHCounty Texas
Township Carroll
or
Village
or
CityRegistration District No. 864
Primary Registration District No. 6140File No. 43712
Registered No. 20

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

FULL NAME

Wasn't named

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED yes
(Write the word)
DATE OF BIRTH Oct. 16, 1911
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. _____ ds.
If LESS than 1 day 3 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)BIRTHPLACE
(City or town, State or foreign country) Texas County

PARENTS

NAME OF FATHER John Meadow
BIRTHPLACE OF FATHER
(City or town, State or foreign country) Houston, Mo.
MAIDEN NAME OF MOTHER Agnes Ecten
BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Sumerville, Mo.THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. John Meadow
(ADDRESS) SumervilleFiled Dec. 9 1911 Dr. E. DeForest
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Oct. 16, 1911, to Oct 16, 1911,
that I last saw him alive on Oct. 16, 1911,
and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

was born at 7 mo.Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) F.H. Waller M. D.
Oct. 16, 1911 (Address) Sumerville

*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

DATE OF BURIAL

Bethel Cemetery
UNDERTAKER
unknownOct 17 1911
ADDRESS
Sumerville, Mo.

Original file, date _____, 19____

All information called for must be written on this Supplementary Certificate.

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 septichæmia," "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.)