

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

## PLACE OF DEATH

County Boone  
 Township Missouri  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 78 File No. 182  
 Primary Registration District No. 5115B Registered No. 23-

## FULL NAME

William Walton

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH _____ (Month) (Day) (Year) <u>1847</u>		
AGE <u>64</u> yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Teamster</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>4-09</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Unknown</u>		
PARENTS	NAME OF FATHER <u>John W. Walton</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>	
	MAIDEN NAME OF MOTHER <u>Norris</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. Nichols  
 (ADDRESS) Columbia Mo.

Filed Jan 24 1919

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct. 3 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 3 at 10 a.m. 1911, to Oct. 3 1911, that I last saw him alive on Oct 3 at 10 a.m. 1911, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH\* was as follows:

Bright's Disease of Kidneys

1374 (Duration) \_\_\_\_ yrs. 9 mos. \_\_\_\_ ds.  
118 C.

Contributory: Gastritis  
 (SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 3 ds.

(Signed) O.S. Trimble M. D.  
Oct. 4 1911 (Address) Woodlandville 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 Boone Co. Mo.

PLACE OF BURIAL OR REMOVAL Providence Church DATE OF BURIAL Oct. 5 1911

UNDERTAKER Parker & Co. ADDRESS Columbia 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*, *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 *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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>Single</i>	DATE OF DEATH <i>Oct. 3, 1911</i> (Month) (Day) (Year)		
DATE OF BIRTH <i>5 U 1844</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>Oct. 3 at 10 AM, 1911, to Oct 3, 1911,</i> that I last saw him alive on <i>Oct 3 at 10 AM, 1911,</i> and that death occurred, on the date stated above; at <i>11:30 P.M.</i>		
AGE <i>64</i> yrs. mos. ds. IF LESS than 1 day, hrs. or min.?			The CAUSE OF DEATH* was as follows: <i>Bright's Disease of Kidneys</i>		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Beamster</i> (b) General nature of industry, business, or establishment in which employed (or employer)			<i>120</i> (Duration) yrs. mos. ds. Contributory <i>Gastritis</i> (SECONDARY) (Duration) yrs. mos. ds.		
BIRTHPLACE (City or town, State or foreign country) <i>Unknown</i>			(Signed) <i>O. S. Trimble</i> M. D. <i>Oct 4, 1911</i> (Address) <i>Woodland Hall</i>		
PARENTS	NAME OF FATHER <i>John W. Walton</i>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Unknown</i>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	MAIDEN NAME OF MOTHER <i>Harris</i>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Unknown</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted if not at place of death?	
	(Informant) <i>Thos. Nichols</i>			Former or usual residence <i>Boone Co. Mo.</i>	
(ADDRESS) <i>Columbia Mo.</i>			PLACE OF BURIAL OR REMOVAL <i>Providence Church</i>	DATE OF BURIAL <i>Oct. 5, 1911</i>	
Filed <i>Oct 5<sup>th</sup></i> 1911, <i>J. T. Wood,</i> REGISTRAR			UNDERTAKER <i>Parber &amp; Co., Columbia Mo.</i>	ADDRESS	

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

PLACE OF DEATH \_\_\_\_\_  
 County *Boone* State *Missouri*  
 Township *Missouri* Registration District No. *95* File No. *182*  
 or \_\_\_\_\_  
 Village \_\_\_\_\_ Primary Registration District No. *55* Registered No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 FULL NAME *William Walton* MEAT

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

# Revised United States Standard Certificate of Death

S. Census and American Public Health Association]

**Occupation.**—Precise statement of occupation, so that the relative health-

importance of the occupation may be known. The question should be asked of each and every person, irrespective of age, sex, and color, whether he or she is engaged in any occupation, trade, profession, or business, or is unemployed. A single word or term on the certificate should be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Teacher*, *Physician*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to specify the kind of work and also (b) the business or industry, and therefore an appropriate form should be provided for the latter statement; it should be filled out only when needed. As examples: (a)

*Textile mill*; (a) *Salesman*, (b) *Grocery*; (c) *Automobile factory*. The material should be filled out in full form part of the second statement. Examples: *Cerebral meningitis*, "Laborer," "Foreman," "Manager," "Miner laborer," *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the occupation, but who are not paid *Housekeepers* who receive a definite salary, and children, not gainfully employed, at home. Care should be taken to re- specify the occupation, as *Day laborer*, *Housewife*, *Housemaid*, *Man*, *Woman*, *Child*, etc. If the occupation has been changed or given the disease causing death, state of illness. If retired from business, it should be indicated thus: *Farmer* (retired), *Salesman*, *Miner*, etc. For persons who have no occupation, it should be indicated thus: *None*.

**Cause of death.**—Name, first, the primary affection with relation to causation, using always the same term for the same disease. Examples: *Cerebral meningitis*, *Epidemic typhus*, *Scarlet fever*, *Diphtheria* (avoid use of "Typhoid fever" never report "Typhoid pneumonia"; *Bronchopneumonia* (never report "Typhoid pneumonia"; *Tuberculosis 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.)

