

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

PLACE OF DEATH  
County Hickory  
Township Cross Plains  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 361 File No. 1010  
Primary Registration District No. 4376 Registered No. 2

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

FULL NAME Burg B. Hickman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE 2x MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ OR DIVORCED \_\_\_\_\_ (Write the word)

DATE OF BIRTH July 2, 1909  
(Month) (Day) (Year)

AGE 2 yrs. 6 mos. 18 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work name  
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Cross Plains, Mo.

PARENTS  
NAME OF FATHER Walter Hickman  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Cooper Co. Mo.  
MAIDEN NAME OF MOTHER Mittie Barnett  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Benton Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. C. Hickman  
(ADDRESS) Cross Plains

Filed June 23, 1912 J. E. Herring REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 20, 1912, to June 20, 1912, that I last saw him alive on June 20, 1912, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH\* was as follows:  
Dysentery  
10  
11.5 A

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 1 ds.

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

(Signed) J. E. Herring M. D. (Address) Cross Plains

\*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 Cross Plains

PLACE OF BURIAL OR REMOVAL Walker Cem. DATE OF BURIAL \_\_\_\_\_ 1912

UNDERTAKER J. E. Herring ADDRESS Cross Plains

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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.

# 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*, *Composer*, *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.)



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PLACE OF DEATH

County Hickory  
 Township Cross Timbers  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 361 File No. 1010  
 Primary Registration District No. 5506 Registered No. 2

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

FULL NAME B. B. Hickman

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED <u>S.</u> WIDOWED OR DIVORCED <i>(Write the word)</i>
DATE OF BIRTH <u>July 2, 1909</u> (Month) (Day) (Year)		AGE <u>2 yrs. 6 mos. 18 ds.</u> If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		
PARENTS	NAME OF FATHER <u>W. C. Hickman</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cooper Mo</u>	
	MAIDEN NAME OF MOTHER <u>Nittie Barnett</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Benton Co. Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 20, 1912, to Jan 20, 1912  
 that I last saw deceased on Jan 20, 1912  
 and that death occurred, on the date stated above, at 9 P m.  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia Diptheria

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.  
 Contributory Pneumonia  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. V. Clark M. D.  
Jan 20, 1912 (Address) Cross Timbers

\*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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. C. Hickman  
 (ADDRESS) Cross Timbers

Filed Jan 21, 1912 J. W. Platt  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Walker Cem DATE OF BURIAL Jan 21, 1912  
 UNDERTAKER J. E. Harvey ADDRESS Cross Timbers

JAN

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

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