

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.

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

PLACE OF DEATH

County Lancaster
Township Wingard
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 472
Primary Registration District No. 5631

File No. 14074
Registered No. 26

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

FULL NAME William H. King

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 2 (Month) 11 (Day) 1861 (Year)

AGE 61 yrs. 1 mos. 20 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) 1-02

BIRTHPLACE (City or town, State or foreign country) Tuscaloosa Ala

PARENTS NAME OF FATHER Jarl King BIRTHPLACE OF FATHER (City or town, State or foreign country) Ala MAIDEN NAME OF MOTHER don't know BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ala

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert King (ADDRESS) Stotts City Mo.

Filed Apr 19 1912 W. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 (Month) 2 (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from 3.2, 1911, to Apr 28, 1912, that I last saw him alive on Feb 10, 1912; and that death occurred, on the date stated above, at 10.9 a.m. The CAUSE OF DEATH* was as follows:

Aneurysm of the thoracic aorta

(Duration) 1 yrs. 2 mos. ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ds.

(Signed) W. King M. D. (Address) Stotts City 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 Care Springs Cemetery DATE OF BURIAL _____ UNDERTAKER L. L. Beck ADDRESS Stotts City 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*, *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, 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 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.)



FADING INK—THIS IS A PERMANENT RECORD

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MISSISSIPPI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Lawrence
 Township Unweyand
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward _____)

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

Registration District No. 472 File No. 14074
 Primary Registration District No. 5636 Registered No. 26

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

FULL NAME William H. King

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>Feb 11</u> , 18 <u>57</u> (Month) (Day) (Year)		
AGE <u>61</u> yrs. <u>1</u> mos. <u>20</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)		
BIRTHPLACE (City or town, State or foreign country) <u>Inscoboo, Ala.</u>		
PARENTS	NAME OF FATHER <u>John King</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ala.</u>	
	MAIDEN NAME OF MOTHER <u>Ann.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ala.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 2, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 2, 1911, to Dec. 28, 1911, that I last saw him alive on Feb 10, 1912, and that death occurred, on the date stated above, at 10⁹ m.

The CAUSE OF DEATH* was as follows:
Aneurysm of the thoracic aorta

(Duration) 1 yrs. 2 mos. _____ ds.

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

(Signed) C. R. King M. D.
Apr 19, 1912 (Address) Stotts City, 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. 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) Robert King
 (ADDRESS) Stotts City, Mo.
Apr 19, 1912 Mc Rice REGISTRAR

PLACE OF BURIAL OR REMOVAL Cave Springs Cem. DATE OF BURIAL Apr 4, 1912
 UNDERTAKER Le Le Beck ADDRESS Stotts City, Mo.

Revised United States Standard Certificate of Death

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

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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.)