

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 Bates
Township _____
or _____
Village _____
or _____
City Rich Hill Mo (NO. _____) (St. _____) (Ward _____)

Registration District No. 53 File No. 16173
Primary Registration District No. 3005 Registered No. 34

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

FULL NAME William Wells King

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH April 22, 1882
(Month) (Day) (Year)

AGE 80 yrs. 25 mos. 25 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired former
(b) General nature of industry, business, or establishment in which employed (or employer) 1-62

BIRTHPLACE Illinois
(City or town, State or foreign country)

PARENTS
NAME OF FATHER R. J. King
BIRTHPLACE OF FATHER England
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Landsley
BIRTHPLACE OF MOTHER Tenn
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Barclay
(ADDRESS) Rich Hill Mo

Filed May 18 1922 at Rich Hill REGISTRAR J. E. Barclay

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 15, 1912 to May 17, 1912, that I last saw him alive on May 17, 1912, and that death occurred, on the date stated above, at 3:40 P.M.

The CAUSE OF DEATH* was as follows:
Senility
1353
1623

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) Cystitis
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. A. Allen M.D.
May 18, 1922 (Address) Rich Hill 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 _____ DATE OF BURIAL _____

UNDERTAKER James Paul ADDRESS _____

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.)



PLACE OF DEATH

County

Bates

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

Township

Registration District No.

53

File No.

or

Village

Primary Registration District No.

3005

Registered No.

or

City

Rich Hill

(No.

St.

Ward)

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

FULL NAME

William Mills King

PERSONAL AND STATISTICAL PARTICULARS

SEX *m* COLOR OR RACE *w* SINGLE MARRIED WIDOWED OR DIVORCED *sm.* (Write the word)

DATE OF BIRTH *Apr. 22*, 18*35* (Month) (Day) (Year)

AGE *80* yrs. *25* mos. IF LESS than 1 day, hrs. or mins.

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

BIRTHPLACE (City or town, State or foreign country) *See*

PARENTS NAME OF FATHER *R. J. King* BIRTHPLACE OF FATHER (City or town, State or foreign country) *England* MAIDEN NAME OF MOTHER *Don't know* BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Tenn.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. C. Barnes* (ADDRESS) *Rich Hill*

FILED *July 6*, 19*25* REGISTRAR *J. C. Barnes*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *May 17*, 19*25* (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Apr 15*, 19*25*, to *May 17*, 19*25*, that I last saw him alive on *May 17*, 19*25*, and that death occurred, on the date stated above, at *3:40* pm.

The CAUSE OF DEATH* was as follows: *Senility*

(Duration) yrs. mos. ds. Contributory *Cystitis* (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *W. H. Allen* M. D. (Address) *Rich Hill 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 *W. H. Allen* DATE OF BURIAL *May 19*, 19*25* UNDERTAKER *W. H. Allen* ADDRESS *Rich Hill Mo*

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

PHYSICIANS should state cause of death in plain terms, so that it can be properly classified. Exact date of OCCUPATION is very important.

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.)