

MARGIN RESERVED FOR BINDING

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 Barton
 Township Lansier
 or
 Village _____
 or
 City _____ (NO. _____)

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

Registration District No. 40 File No. 22180
 Primary Registration District No. ~~4029~~ Registered No. 28
5038 St. _____ Ward _____

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

FULL NAME: William C. Myers

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (If give the word)	DATE OF DEATH <u>July 14</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 12</u> , 18 <u>29</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 13</u> , 191 <u>2</u> , to <u>July 14</u> , 191 <u>2</u> , that I last saw him alive on <u>July 13</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>2:30</u> p.m.	
AGE <u>83</u> yrs. — <u>2</u> mos. — <u>2</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Paralysis - Right Side</u> <u>87D</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>R. Co.</u>			(Duration) ___ yrs. ___ mos. ___ ds. <u>60</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Richmond Ky.</u>			Contributory <u>Paralysis left side</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds. <u>3</u>	
PARENTS	NAME OF FATHER <u>Joseph Myers</u>		(Signed) <u>W. B. Griffin</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>		<u>July 15</u> , 191 <u>2</u> (Address) <u>Lansier Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Ella Reddy</u>		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Nicholasville Ky.</u>		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 (Informant) <u>Mary L. Lockett</u> (ADDRESS) <u>Los Angeles Cal.</u>			Where was disease contracted if not at place of death? _____ Former or usual residence _____	
Filed <u>July 15</u> , 191 <u>2</u> <u>Hoyt Humphrey, Dep. Reg.</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Burien Cemetery Bates</u> UNDERTAKER <u>Hoyt Humphrey</u>	
			DATE OF BURIAL <u>July 15</u> , 191 <u>2</u> ADDRESS <u>Lansier, Mo.</u>	

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 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 Barton

Township Lamar

or Village _____

or City _____

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. 40

File No. 22180

Primary Registration District No. 5058

Registered No. 28

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

FULL NAME William C. Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH July 12, 1829 (Month) (Day) (Year)

AGE 83 yrs. 2 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.

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) Richmond Ky.

NAME OF FATHER Joseph Myers

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Reddy

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Nicholasville Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary L. Lockett

(ADDRESS) Los Angeles Cal.

Filed July 15, 1929 J. L. McComb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1929 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 13, 1929, to July 14, 1929, that I last saw him alive on July 13, 1929, and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* was as follows: Paralysis right side

(Duration) ___ yrs. ___ mos. 3 ds.

Contributory Paralysis left side (SECONDARY) (Duration) 1 yrs. 3 mos. ___ ds.

(Signed) W. L. Griffing M. D. July 15, 1929 (Address) Lamar Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicide or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, 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 Bourbon Co. Barton DATE OF BURIAL July 15, 1929

UNDERTAKER Hoyt Humphrey ADDRESS Lamar 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.)

