

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

PLACE OF DEATH

County Harrison
Township Cypress
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 344
Primary Registration District No. 5481

File No. 22829 ~~22829~~
Registered No. 5

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

FULL NAME Phebe A. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF BIRTH Jan 4th 1884
(Month) (Day) (Year)

AGE 79 yrs. 6 mos. 2 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

BIRTHPLACE (City or town, State or foreign country) Jackson Co. O.

NAME OF FATHER Wm. Harrison

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

MAIDEN NAME OF MOTHER Margaret Buck

BIRTHPLACE OF MOTHER (City or town, State or foreign country) O

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. S. Langley
(ADDRESS) Bethany

Filed July 6 1912. B. M. Sutton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 6 - 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June - 30 - 1912, to July 5 - 1912, that I last saw her alive on July - 5 - 1912, and that death occurred, on the date stated above, at 12⁴⁵ p.m.

The CAUSE OF DEATH* was as follows:
1228
129 Peritonitis.
10
(Duration) ____ yrs. ____ mos. 3 ds.

Contributory Obstruction of bowels.
(SECONDARY) (Duration) ____ yrs. ____ mos. 12 ds.

(Signed) B. M. Sutton M. D.
July 6 - 1912 (Address) Pattonburg 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 Wm. C. Burris Cem. DATE OF BURIAL June 7 - 1912

UNDERTAKER E. W. Prentiss ADDRESS Bethany Mo.

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, peritonaeum*, etc., *Carcinoma, Sarcoma*, 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 "*Asihenia*," "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.)

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

PLACE OF DEATH

County Harrison
 Township Cypress
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 344
 Primary Registration District No. 5481

File No. 22829
 Registered No. 5

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

FULL NAME Phebe A. Williams

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED widowed WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH Jan. 4, 1833 (Month) (Day) (Year)
 AGE 79 yrs. 6 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.

DATE OF DEATH July 6, 1912 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from June 30, 1912, to July 5, 1912, that I last saw her alive on July 5, 1912, and that death occurred, on the date stated above, at 12:45 a.m.

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

The CAUSE OF DEATH* was as follows:
Peritonitis

BIRTHPLACE (City or town, State or foreign country) Jackson Co. O.

Out. known cause of obstruction (Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Nelson Garrison
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Va.
 MAIDEN NAME OF MOTHER Margaret Buch
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) O.

Contributory Obstruction of large intestine (Duration) ___ yrs. ___ mos. 12 ds.
 (Signed) B. M. Sutton M. D.
July 6, 1912 (Address) Pattonsburg 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) M. S. Slaughter
 (ADDRESS) Bethany

PLACE OF BURIAL OR REMOVAL Burrus Cem. DATE OF BURIAL June 7, 1912
 UNDERTAKER E. W. Prentiss ADDRESS Bethany

Filed July-6, 1912 B. M. Sutton REGISTRAR

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.

DUPPLICATE

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[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 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.)