

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 *Dunklin Co*  
County *Dunklin* Registration District No. *288* File No. *25913*  
Township *Reinett* or *Reinett* Primary Registration District No. *244* Registered No. *108*  
Village *Reinett* or *Reinett* City (NO. *4172* St. *Reinett* Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]  
FULL NAME *Wily Lord Hawkins*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *male* COLOR OR RACE *white* SINGLE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)  
DATE OF BIRTH *October 20 1866* (Month) (Day) (Year)  
AGE *57* yrs. *10* mos. *7* ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work *D*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
BIRTHPLACE (City or town, State or foreign country) *Dunklin Co*  
PARENTS  
NAME OF FATHER *Nathaniel Hawkins*  
BIRTHPLACE OF FATHER (City or town, State or foreign country) *Ills*  
MAIDEN NAME OF MOTHER *Blafely*  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Ind*

DATE OF DEATH *Aug 27 1912* (Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from *Aug 25 1912*, to *Aug 27 1912*,  
that I last saw him alive on *Aug 27 1912*,  
and that death occurred, on the date stated above, at *8 a* m.  
THE CAUSE OF DEATH\* was as follows:  
*Obstruction bowels*  
Contributory *1003*  
(Signed) *A B Pearson* M. D.  
*Aug 27 1912* (Address) *Reinett Mo*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *N. Hawkins*  
(ADDRESS) *Reinett Mo*  
Filed *Aug 27 1912* *W. H. Ryan* REGISTRAR

\*State the Disease Cause, 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 *Gregory* DATE OF BURIAL *8-28 1912*  
UNDERTAKER *Leuth Farm Co* ADDRESS *Reinett 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*, *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. Examples: *Measles* (disease causing death); *20 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," "Uræmia," "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.)

HUGH STEPHENS, JEFFERSON CITY.

7 97

PLACE OF DEATH  
County DunklinREGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.

Township \_\_\_\_\_

Registration District No. 288File No. 25913or  
Village KennettPrimary Registration District No. 4172Registered No. 108or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

St.: \_\_\_\_\_

Ward) \_\_\_\_\_

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)DATE OF DEATH Aug. 27, 1912  
(Month) (Day) (Year)DATE OF BIRTH Oct. 20, 1906  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from  
Aug. 25, 1912, to Aug. 27, 1912  
that I last saw him alive on Aug. 27, 1912AGE 5 yrs. 10 mos. 7 ds. If LESS than  
1 day, \_\_\_ hrs. or \_\_\_ min.and that death occurred, on the date stated above, at 8a. m.OCCUPATION  
(a) Trade, profession, or  
particular kind of work \_\_\_\_\_  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:

BIRTHPLACE  
(City or town, State or foreign country) Dunklin Mo.Obstruction bowels  
probably intussusceptionNAME OF FATHER Nathanial HawkinsContributory  
(SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.BIRTHPLACE OF FATHER  
(City or town, State or foreign country) Ill.(Signed) A S Harrison M. D.  
Aug 27, 1912 (Address) Kennett, Mo.MAIDEN NAME OF MOTHER Blakely\*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) Ind.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

Where was disease contracted  
If not at place of death? \_\_\_\_\_(Informant) Nat Hawkins

Former or usual residence. \_\_\_\_\_

(ADDRESS) Kennett, Mo.PLACE OF BURIAL OR REMOVAL Gregory DATE OF BURIAL 8-28, 1912Filed Oct 6, 1912 J. R. Rydon REGISTRARUNDERTAKER Leutz Furn. Co., Kennett, Mo. ADDRESS \_\_\_\_\_Original file, date AUG 29, 1912

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

AGE should be stated EXACTLY. PHYSICIANS should state  
properly classified. Exact statement of OCCUPATION is very important.CAUSE OF DEATH in plain terms, so that a  
SUPPLEMENTARY RECORD

N.

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

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