

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 Boonville  
 Township Little Prairie Registration District No. 4957 File No. 27081  
 or  
 Village \_\_\_\_\_ Primary Registration District No. 5864 Registered No. 104  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME Lutea Abbott Watkins

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 10, 1912  
(Month) (Day) (Year)

AGE 5 yrs. 8 mos. 8 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work baby  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Caruthersville Mo

PARENTS  
 NAME OF FATHER Jess Watkins  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tipper Co Miss  
 MAIDEN NAME OF MOTHER Neonha Watkins  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tipper Co Miss

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Jess Watkins  
 (ADDRESS) Caruthersville

Filed 8/19 1912 B. D. Larson  
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 9, 1912, to Aug 18, 1912, that I last saw him alive on Aug 17, 1912, and that death occurred, on the date stated above, at 8:30 AM

The CAUSE OF DEATH\* was as follows:  
indigestion and  
real nutrition  
1191  
 (Duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. B. Luten M. D.  
8/19 1912 (Address) Caruthersville 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 Little Prairie DATE OF BURIAL 8/19 1912  
 UNDERTAKER A. LaFoye ADDRESS eville

# 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*, *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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH Lemiscot.  
 County Lemiscot. Registration District No. 651 File No. \_\_\_\_\_  
 Township Little Prairie or Village \_\_\_\_\_ Primary Registration District No. 5862 Registered No. 104  
 City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Luten Abbott Watkins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Baby  
 (Write the word)  
 DATE OF BIRTH Mch. 10, 1912  
 (Month) (Day) (Year)  
 AGE 5 yrs. 8 mos. 8 ds. IF LESS than 1 day, hrs. or mins.

DATE OF DEATH Aug. 18, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Aug. 9, 1912, to Aug. 18, 1912  
 that I last saw him alive on Aug. 17, 1912  
 and that death occurred, on the date stated above, at 8:30 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work Baby  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
Cerebr infarctum

BIRTHPLACE (City or town, State or foreign country) Caruthersville Mo.

NAME OF FATHER Jess Watkins  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tipper Co. Miss.  
 MAIDEN NAME OF MOTHER Mrs. A. Entriken  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tipper Co. Mo.

Contributory \_\_\_\_\_ (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. B. Luten M. D.  
8/19, 1912 (Address) Caruthersville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Jess Watkins  
 (ADDRESS) Caruthersville, 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)  
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 Where was disease contracted If not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

Filed 10/16, 1912 B. D. Despres REGISTRAR

PLACE OF BURIAL OR REMOVAL Little Prairie DATE OF BURIAL 8/19, 1912  
 UNDERTAKER A. C. La Forge ADDRESS C.ville

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