

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 County <u>Wayne</u>	Registration District No. <u>892</u>	File No. <u>35152</u>
Township <u>Williams</u>	Primary Registration District No. <u>4541</u>	Registered No. <u>34</u>
Village _____	St. _____	Ward _____
City <u>Williamsville</u> (NO. <u>2</u>)	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <u>Lionel McFadden</u>		

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>Oct 12</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Mar. 12</u> , 191 <u>2</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Oct 2nd</u> , 191 <u>2</u> , to <u>Oct 12</u> , 191 <u>2</u> , that I last saw <u>her</u> alive on <u>Oct 12th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>7 P.</u> m.		
AGE <u>1</u> yrs. <u>5</u> mos. <u>5</u> ds.	IF LESS than 1 day, _____ hrs. or _____ min.?		The CAUSE OF DEATH* was as follows: <u>Inflammation of Bowels & congestion of Brain</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>			(Duration) <u>0</u> yrs. <u>11</u> mos. <u>10</u> ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Williamsville Mo</u>			Contributory (SECONDARY) <u>0</u> yrs. <u>8</u> mos. <u>2</u> ds.		
PARENTS	NAME OF FATHER <u>Everett McFadden</u>		(Signed) <u>J. H. Horn</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Williamsville Mo</u>		<u>Oct 13th</u> , 191 <u>2</u> (Address) <u>Williamsville Mo</u>		
	MAIDEN NAME OF MOTHER <u>Mable McDirff</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>Illinois</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>J. H. Horn</u> (ADDRESS) <u>Williamsville Mo</u>			Where was disease contracted if not at place of death? Former or usual residence _____		
Filed <u>Oct. 12</u> , 191 <u>2</u> , <u>J. L. McGhee</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Williamsville Cem.</u>		DATE OF BURIAL <u>Oct 13</u> , 191 <u>2</u>
			UNDERTAKER <u>None</u>		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, 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, 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.)



PLACE OF DEATH

County

Wayne

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

Township

Registration District No.

892

File No.

35152 ✓

or

Village

Primary Registration District No.

4541

Registered No.

34

or

City

Williamsville

St.:

Ward)

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

FULL NAME

Lillian Mc Fadden

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

COLOR OR RACE

W.

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

S.

DATE OF BIRTH

Mar. 12, 1912
(Month) (Day) (Year)

AGE

1 yrs. 5 mos. ds.

IF LESS than
1 day, hrs. min.
or min.

OCCUPATION

(a) Trade, profession, or particular kind of work

none.

(b) General nature of industry, business, or establishment in which employed (or employer)

"

BIRTHPLACE

(City or town, State or foreign country)

Williamsville Mo

PARENTS

NAME OF FATHER

Everett Mc Fadden

BIRTHPLACE OF FATHER

Williamsville Mo

MAIDEN NAME OF MOTHER

Mabel Mc Duff

BIRTHPLACE OF MOTHER

Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. L. Storn

(ADDRESS)

Williamsville Mo

Filed

OCT 12, 1912

R. M. Thee

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct. 12, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Oct 7, 1912, to Oct 12, 1912,

that I last saw her alive on " 12, 1912,

and that death occurred, on the date stated above, at 70 m.

The CAUSE OF DEATH* was as follows: Typhoid Fever
Inflammation of Bowels
& Congestion of Brain

(Duration) yrs. mos. 10 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

M. D.

1912 (Address)

*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

Williamsville Cem.

DATE OF BURIAL

Oct 13, 1912

UNDERTAKER

ADDRESS

none

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

N. B.—Every item of information should be "legally 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.

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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 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.)