

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

PLACE OF DEATH

County Jackson  
Township Deer  
or  
Village  
or  
City Independence (No. 308 S. Main St., Ward)

Registration District No. 398 File No. 39167  
Primary Registration District No. 3019 Registered No. 258

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

FULL NAME William Desmett Center

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White  SINGLE  MARRIED  WIDOWED  OR DIVORCED (If write the word) Married

DATE OF BIRTH Oct 3, 1885  
(Month) (Day) (Year)

AGE 61 yrs. — mos. — ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

NAME OF FATHER Samuel Center

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

MAIDEN NAME OF MOTHER Elvira Bell

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Betta L. Center  
(ADDRESS) 398 S. Main St. Ind.

Filed Dec. 21, 1912 B. E. Kimminger  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 19, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from DEC 9, 1912, to DEC 19, 1912, that I last saw him alive on 12/19, 1912, and that death occurred, on the date stated above, at 7:15 p.m.

The CAUSE OF DEATH\* was as follows:  
1. Nephrosia  
2. BVA  
3. A

(Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.  
Contributory nephrosia and can  
(Secondary) not in (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) N. O. Ford M. D.  
12/20, 1912 (Address) Ind. 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 Wt. Washington Bur. DATE OF BURIAL Dec 21, 1912  
UNDERTAKER J. O. W. Co. ADDRESS Independence Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated exactly. 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, meningis, peritoneum*, 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 "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.)

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS  
 CEIVE A FEE FOR CERTIFICATES  
 UNTIL THEY ARE COMPLETED AS  
 PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Jackson  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Independence (No. 308 S. Main St.: \_\_\_\_\_ Ward)

Registration District No. 398 File No. \_\_\_\_\_  
 Primary Registration District No. 3019 Registered No. 258

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

FULL NAME William Hestett Clinton

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married  
 WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH Oct. 3, 1851  
 (Month) (Day) (Year)  
 AGE 61 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 OCCUPATION (a) Trade, profession, or particular kind of work Speculator  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Dec. 12, 1912, to Dec. 19, 1912, that I last saw him alive on 12-19, 1912, and that death occurred, on the date stated above, at 7:10 pm  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia, Bronch.

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

PARENTS  
 NAME OF FATHER Samuel Clinton  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
 MAIDEN NAME OF MOTHER Elvina Butts  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) N. J. Ford M. D. 12/20, 1912 (Address) Independence

\*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) Mrs. Betta L. Clinton  
 (ADDRESS) 308 S. Main

PLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL Dec. 21, 1912  
 UNDERTAKER St. J. Ott & Co. ADDRESS Independence

Filed Mar. 26, 1913 E. Grimming  
 REGISTRAR

This certificate is subject to the provisions of the Act of the Missouri State Board of Health, approved August 1, 1912, and the regulations thereunder. It is to be filled out in accordance with the instructions on the reverse side of this form. It is to be filed in the office of the Registrar of the Missouri State Board of Health, at the place of death, and a copy of it is to be sent to the office of the Registrar of the Missouri State Board of Health, at the place of burial or removal. It is to be filled out in duplicate, and the original is to be retained in the office of the Registrar of the Missouri State Board of Health, at the place of death.

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Association]

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