

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

OF DEATH

Walter Royce
with pneumonia

Registration District No. *733*

File No. *40265*

Primary Registration District No. *5967*

Registered No. *47*

or
Village
or
City

(NO. _____)

St.: _____ Ward _____

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

FULL NAME *Walter Royce*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OR RACE *White* SINGLE? MARRIED *Married*
WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH *Dec 10*, 191*2*
(Month) (Day) (Year)

DATE OF BIRTH *July 10, 1842*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Nov 7*, 191*2*, to *Dec 10*, 191*2*, that I last saw him alive on *Dec 6*, 191*2*, and that death occurred, on the date stated above, at *6:40* a.m.

AGE *70* yrs. *4* mos. *00* ds. If LESS than 1 day, L hrs. or M min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work *Farming*
(b) General nature of industry, business, or establishment in which employed (or employer) *1-10-12*

Active Bleeding

BIRTHPLACE (City or town, State or foreign country) *London England*

Contributory (SECONDARY) (Duration) *2* yrs. *7* mos. *9* ds.

NAME OF FATHER *Don't know*

(Signed) *W. Perill* M. D. *Dec 11, 1912* (Address) *Huntsville*

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

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER *Don't know*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

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) *Frank Royce*

Former or usual residence _____

(ADDRESS) *Seaside Mo*

PLACE OF BURIAL OR REMOVAL *Moberly Mo* DATE OF BURIAL *Dec 13*, 191*2*

Filed *Dec 12*, 191*2* *G. G. Prager* REGISTRAR

UNDERTAKER *Andrew Miner* ADDRESS *Huntsville*

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

United States Standard Certificate of Death

Prepared by U. S. Census and American Public Health
Association]



Statement of occupation.—Precise statement of occupation is very important, so that the relative health-risks can be known. The question should be asked of every person, irrespective of sex, under a single word or term on the certificate, e. g., *Farmer or Planter, Architect, Locomotive engineer, Railway 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.)

