

## PLACE OF DEATH

County

*Sumner*

Township

or

Village

or

City

*Kennett* MR. NO.

Registration District No.

*28*

File No.

*854*

Primary Registration District No.

*4172*

Registered No.

*709*

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

FULL NAME

*William A Liddon*

## PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <input checked="" type="checkbox"/>
DATE OF BIRTH <i>Jan 21, 1839</i> (Month) (Day) (Year)		
AGE <i>74</i> yrs. mos. ds. <input type="checkbox"/> If LESS than 1 day, hrs. or min.?		

## OCCUPATION

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

*retired*

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

*1000*

## BIRTHPLACE

(City or town, State or foreign country)

*Mississippi*

## NAME OF FATHER

*Benjamin Liddon*

## BIRTHPLACE OF FATHER

(City or town, State or foreign country)

*Miss*

## MAIDEN NAME OF MOTHER

*Annie Merral*

## BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

*Mississippi*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

*W. A. Liddon  
Ocean Point Ark.*

Filed

*1/19*

1913

*W. A. Liddon*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

*Jan 20, 1913*  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Jan 11, 1913*, to *Jan 19, 1913*, that I last saw him alive on *Jan 19, 1913*, and that death occurred, on the date stated above, at *11 a. m.*

The CAUSE OF DEATH\* was as follows:

*1190*

*162 Old age complicated with Degenerative Dyspepsia*  
(Duration) yrs. mos. ds. *17*

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

*J. A. Hossage* M. D.*Jan 20 1913* (Address) *Kennett Ark*

\*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. *24* In the State yrs. mos. ds. *45*

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

*Oscola Ark*

DATE OF BURIAL

*1/20 1913*

UNDERTAKER

*A. C. Sawdall*

ADDRESS

*Kennett Ark*

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.

# 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. 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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

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 Plunklin  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kennett Mo (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 288 File No. \_\_\_\_\_  
Primary Registration District No. 4172 Registered No. \_\_\_\_\_

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

FULL NAME William A. Liddon

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan. 21, 1839  
(Month) (Day) (Year)

AGE 74 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Miss.

PARENTS  
NAME OF FATHER Benjamin Liddon  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Miss.  
MAIDEN NAME OF MOTHER Ann Merral  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Miss.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. L. Liddon  
(ADDRESS) Peew Point, Ark.

Filed Mar 7, 1913 W. L. Liddon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 14, 1913, to Jan. 19, 1913, that I last saw him alive on Jan. 19, 1913, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH\* was as follows:  
Old age complicated with Probative Dyspepsia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. L. Gossage M. D.  
Jan. 20, 1913 (Address) Kennett 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 Osceola, Ark. DATE OF BURIAL 1-20, 1913  
UNDERTAKER A. C. Lousdell ADDRESS Kennett Mo.

Original file, date JAN 19 1913 All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

{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.)

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