

## PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

Registration District No. \_\_\_\_\_

791

File No. \_\_\_\_\_

3001

or  
Village \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registered No. \_\_\_\_\_

321

or  
City \_\_\_\_\_Spartan  
11263

(NO. \_\_\_\_\_)

City Hospital

St. 17 Ward)

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

FULL NAME

Harold Williams

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE Caucasian	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH Dec 29, 1894 (Month) (Day) (Year)		

AGE 18 yrs. 9 mos. 9 ds.	IF LESS than: 1 day, ___ hrs. or ___ min.?
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OCCUPATION (a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Missouri
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PARENTS	NAME OF FATHER Henry Williams
	BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri
	MAIDEN NAME OF MOTHER Mattie Madison
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edvard
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(ADDRESS)

City Hospital

Filed

JAN - 9 1913

Mail Starkloff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Jan 7, 1913  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from  
Jan 7, 1913, to Jan 7, 1913,  
that I last saw him alive on Jan 7, 1913,  
and that death occurred, on the date stated above, at 3:30 P.M.The CAUSE OF DEATH\* was as follows:  
Strangulated Intra-peritoneal  
1878 Hernia  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.Contributory  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.(Signed) Frederic Hagler M.D.  
Jan 8, 1913 (Address) City Hospital

\*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. 1 ds. In the State 18 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted  
If not at place of death?

Former or usual residence 3137 Pine

PLACE OF BURIAL OR REMOVAL  
Calvary CemDATE OF BURIAL  
Jan 10, 1913UNDERTAKER  
L.S. WilliamsADDRESS  
3232 Pine St

# 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 health pursuits can be known. The question and every person, irrespective of age, requires a single word or term on the first line, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, etc.* But in many cases especially in domestic service, it is necessary to know (a) the nature of the business or profession and (b) the nature of the business or profession; therefore an additional line is provided for this purpose; it should be used only when needed.

Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Automobile factory.* The first line may form part of the second statement: "Laborer," "Foreman," "Manager," without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women engaged in the duties of the household (*housekeepers*) who receive a definite salary), *Housewife, Housework, or At home,* and usually employed, as *At school or At home.* Men to report specifically the occupations in domestic service for wages, as *Servant, etc.* If the occupation has been reported on account of the DISEASE CAUSING DEATH at beginning of illness. If necessary, that fact may be indicated thus: (e. g., *10 yrs.*). For persons who have no occupation write *None.*

**Cause of death.**—Name, first, the cause of death (the primary affection with relation to causation), using always the same name for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Diphtheritic fever" (never report "Typhoid pneumonia; Bronchopneumonia" ("Pneumonia" is indefinite); *Tuberculosis of lungs, etc., etc., Carcinoma, Sarcoma, etc.* of origin; "Cancer" is less definite; avoid use of "Malignant neoplasms); *Measles;*

*Whooping cough; Chronic valvular interstitial nephritis, etc.* The cause or intercurrent affection need not be reported. Example: *Measles (died 29 ds.; Bronchopneumonia* (second report mere symptoms or terms: "Asthénia," "Anaemia" (merely say "Collapse," "Coma," "Convulsions," "Genital," "Senile," etc.), "Dropsy," "Failure," "Haemorrhage," "Inanition," "Shock," "Uraemia," etc.) If a definite disease can be ascertained, qualify all diseases resulting in death by carriage, as "PUERPERAL sepsis," "peritonitis," etc. State cause for VIOLENCE if undertaken. For VIOLENCE INJURY and qualify, as ACCIDENTAL, or as probably such, if definitely. Examples: *Accidental railway train—accident; Revolver Poisoned by carbolic acid—product of the injury, as fracture of skull, and sepsis, tetanus* may be stated under "tributory." (Recommendations on statement of death approved by Committee on Nomenclature, American Medical Association.)

JEFFERSON CITY, MISSOURI

Bureau of Vital Statistics

FROM THE BOARD OF HEALTH

STATE BOARD OF HEALTH

FROM