

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Macon
 Township Callas
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 528 File No. 6001
 Primary Registration District No. 5704 Registered No. _____

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

FULL NAME James Wilson

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 9, 1830
 (Month) (Day) (Year)

AGE 82 yrs. 8 mos. no. 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) 1-02

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

NAME OF FATHER Dont know

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

MAIDEN NAME OF MOTHER Anna Dont know.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Shover
 (ADDRESS) Callas mo

Filed Feb. 9th 1913 Hawick

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9, 1913
 (month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 8th, 1913, to Feb. 9th, 1913,
 that I last saw him alive on Feb. 8th, 1913,

and that death occurred, on the date stated above, at 3:4 a.m.

The CAUSE OF DEATH* was as follows:

106 Lobar Pneumonia
 (Duration) 1 yrs. 3 mos. 3 ds.

Contributory
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Hawick M. D.
Feb. 9, 1913 (Address) Callas 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 Mt. Zion DATE OF BURIAL 2/10/1913

UNDERTAKER McCummon Co. Callas, Mo. 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 health of various pursuits can be known. The question of each and every person, irrespective of age, various occupations a single word or term on the first be sufficient, e. g., *Farmer or Planter, Physician, or, Architect, Locomotive engineer, Civil engineer, or, fireman*, etc. But in many cases especially in various employments, it is necessary to know (a) the work and also (b) the nature of the business or occupation, and therefore an additional line is provided for statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Day Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), entered as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. Occupations should be taken to report specifically the occupations in which engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been discontinued or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If from other than business, that fact may be indicated thus: (*retired, 6 yrs.*). For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with reference to time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of "throat"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *Peritonitis*, *Peritonaeum*, 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. Do not report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Kidney failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or delivery, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MECHANICAL INJURY and qualify as ACCIDENTAL, SUICIDAL, or SELF-KILLED, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—home; 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.)