

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

PLACE OF DEATH

County St. Francois
Township Olson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 771 File No. 10496
Primary Registration District No. 6017 Registered No. 3

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

FULL NAME William Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>April 16, 1856</u> (Month) (Day) (Year)		AGE <u>56</u> yrs. <u>10</u> mos. <u>22</u> ds.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Harmer - Old</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Employed</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Lemise</u>		
PARENTS	NAME OF FATHER <u>James Hall</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Lemise</u>	
	MAIDEN NAME OF MOTHER <u>Margaret Smith</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Lemise</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
March 8, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 27, 1913, to Feb 27, 1913, that I last saw him alive on Feb 27, 1913, and that death occurred, on the date stated above, at 79 m. The CAUSE OF DEATH* was as follows:

Tuberculosis
23 H
Senile Degeneration of Heart

Contributory (SECONDARY) nothing
(Duration) no yrs. no mos. no ds.

(Signed) W. L. ... M. D.
March 8, 1913 (Address) ...

*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
Sen. M... ..

DATE OF BURIAL
March 9, 1913

UNDERTAKER
W. L. ...

ADDRESS
Pilet ...

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Hall
(ADDRESS) ...

Filed Mar 8, 1913 J. P. Eaton
REGISTRAR

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 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.)



PLACE OF DEATH

County

St. Francis

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township

Iron

Registration District No.

771

File No.

or
Village

Primary Registration District No.

6017

Registered No.

or
City

(NO.

St.:

Ward)

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

FULL NAME

William Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>M</i>	COLOR OR RACE <i>R</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>Married</i>
DATE OF BIRTH <i>April 16, 1906</i> (Month) (Day) (Year)		
AGE <i>56 yrs 10 mos 22 ds.</i>		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)
Home

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

PARENTS	NAME OF FATHER <i>James Hall</i>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Tenn</i>
	MAIDEN NAME OF MOTHER <i>Rosetta Smith</i>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Tenn</i>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

May 7, 1913

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March 8, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Feb 24, 1911, to *Feb 24, 1913*,that I last saw him alive on *Feb 24, 1913*,and that death occurred, on the date stated above, at *5:10 a.m.*

The CAUSE OF DEATH* was, as follows:

*Tuberculosis
Pulmonary Tuberculosis
Sept of months*

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Dr Adolph A Meador, M.D.
3-8-1913 (Address) *Bellvue 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

DATE OF BURIAL

Iron Mountain Mo. *May 9, 1913*

UNDERTAKER

ADDRESS

W. A. Elbricht *Pilot Knob*

Original file, date

1913

All information called for must be written on this Supplementary Certificate.

WRITE PL. 4. 111. M. 3. A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

ould state important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

9296
10496

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*.

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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.)