

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 12501

PLACE OF DEATH
County Chariton Co.
Township Chariton
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 175 File No. 12400
Primary Registration District No. 5248 Registered No. 29

FULL NAME William Henry Riddow

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>W</u>
DATE OF BIRTH <u>Oct. 10th 1842</u> (Month) (Day) (Year)		
AGE <u>70</u> yrs. <u>6</u> mos. <u>15</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed. (or employer) <u>1-0-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>84</u>		
PARENTS	NAME OF FATHER <u>Greenville Tenn.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 20 1911, to April 23 1913, that I last saw him alive on April 23 1913, and that death occurred, on the date stated above, at 5-2 m.

The CAUSE OF DEATH* was as follows:

Degenerative Neuritis
Chronic Intestinal
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) M. S. White M. D.
April 25 1913 (Address) Shannondale

*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

New Hope

DATE OF BURIAL

4/26 1913

UNDERTAKER

Bentley Hayford Salisbury, Mo.

ADDRESS

Salisbury, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emmie Scherer

(ADDRESS) Salisbury

Filed 4-26 1913 J. W. Lusk

REGISTRAR

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA

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.

United States Standard Certificate of Death

U. S. Census and American Public Health
Association]

occupation.—Precise statement of occupation is important, so that the relative healthfulness of various pursuits can be known. The question should be asked of each and every person, irrespective of sex and of occupations a single word or term on which can be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Postman*, *Physician*, *Teacher*, *Printer*, *Blacksmith*, *Millwright*, *Shipyard worker*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an example should be provided for the latter statement; it is only when needed. As examples: (a) *Woolen mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material should be given in the form part of the second statement. Examples: "Laborer," "Foreman," "Manager," "Farmer," "Farm laborer," "Laborer—Coal mine," etc. For persons who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary) may be entered as *Housewife*, *Housemaid*, *Child*, and children, not gainfully employed, *At home*. Care should be taken to report the occupations of persons engaged in the household for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up since the beginning of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the 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.)

