

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

PLACE OF DEATH

County Clay
Township Franklin
or
Village
or
City Ex Spgs

Registration District No. 195 File No. 10210
Primary Registration District No. 3011 Registered No. 65
St. Ward

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

FULL NAME William O Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE White MARRIED Married
WIDOWED
OR DIVORCED
(With the word)

DATE OF BIRTH week, 1870
(Month) (Day) (Year)

AGE 43 yrs. -- 2 mos. -- ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, professional or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) RR engineer

BIRTHPLACE (City or town, State or foreign country) North Carolina

NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. W O Lewis

(ADDRESS) North Platt Neb

Filed June 3, 1913, T. W. Boggs
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 31, 1913, to June 7, 1913, that I last saw him alive on June 7, 1913, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

871 (Duration) 1 yrs. -- 1 mos. -- 1 ds.

Contributory Neuritis
(SECONDARY) (Duration) 6 mos. -- ds.

(Signed) H. J. James M. D.
June 3, 1913 (Address) Ex Spgs, 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 North Platt Neb

PLACE OF BURIAL OR REMOVAL North Platt Neb DATE OF BURIAL Dont Know

UNDERTAKER Hope and Co ADDRESS Ex Spgs

No. 5. 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*, *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.* 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.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important.

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CERTIFICATE OF DEATH

PLACE OF DEATH

County Clay

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

Township _____
or
Village _____
or
City Excelsior Springs

Registration District No. 198

File No. _____

Primary Registration District No. 3011

Registered No. 65

City Excelsior Springs Nebraska Hotel

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

FULL NAME William O. Lewis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Satisfactory COLOR OR RACE Information SINGLE Applied.
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH June 2, 1913
(Month) (Day) (Year)

DATE OF BIRTH Satisfactory
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Satisfactory, 1913,
that I last saw him alive on _____, 1913,
and that death occurred, on the date stated above, at _____ m.

AGE Satisfactory LESS than _____
1 day, _____ hrs or _____ mls
_____ yrs _____ mos _____ ds.

The CAUSE OF DEATH* was as follows:
Cardiac Paralysis

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

(Duration) _____ yrs _____ mos _____ ds.
Contributory Neuritis-Multiple

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

PARENTS
NAME OF FATHER _____
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

(Duration) _____ yrs _____ mos _____ ds.
(Signed) W. J. Gans M. D.
June 3, 1913 (Address) Excelsior Springs

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Satisfactory
Information Supplied.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal

(ADDRESS) _____
Filed June 3, 1913 J. W. B. Gans
REGISTRAR

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 _____ 1913
Satisfactory
UNDERTAKER Information
Supplied.

Revised United States Standard Certificate of Death

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

61261

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