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.

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

PLACE OF DEATH

County Newton

Township Shoal Creek

or Village ~~Near Saginaw~~

or City _____ (NO. _____ St.: _____ Ward)

Registration District No. 1046 File No. 5549

Primary Registration District No. 5810 Registered No. 2

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

FULL NAME William McMullen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

DATE OF BIRTH: May (Month) 19 (Day), 1903 (Year)

AGE: 10 yrs. 8 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country): Saginaw

PARENTS

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country): " "

MAIDEN NAME OF MOTHER: Maud McMullen

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Saginaw Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Niel

(ADDRESS) 1702 2nd Joplin

Filed Feb 7 1914 J. M. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 6th (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 28th, 1914, to Feb 6, 1914, that I last saw him alive on Feb 5, 1914, and that death occurred, on the date stated above, at 11 30 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

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

Contributory (SECONDARY) Infection of Gland

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

(Signed) M T Bailey M. D.

Feb 6, 1914 (Address) 210 W 7

*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: Saginaw Cem

DATE OF BURIAL: Feb 7, 1914

UNDERTAKER: J. M. Myall Co

ADDRESS: Joplin Mo

Revised Unif ndard Certificate

[Approved by erican Public Health

Statement of ise statement of occupation is very t the relative healthfulness of vario known. The question applies to e rson, irrespective of age. For many gle word or term on the first line will , *Farmer* or *Planter, Physician, Compo Locomotive engineer, Civil engineer, S* , etc. But in many cases, especially i pyments, it is necessary to know (*a* rk and also (*b*) the nature of the bu y, and therefore an additional line is latter statement; it should be used o As examples: (*a* *Spinner,* (*b*) *Cott sman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b tory.* The material worked on may e second statement. Never return eman," "Manager," "Dealer," etc., wi ise specification, as *Day laborer, Far er—Coal mine,* etc. Women at home, 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 *septichaemia,*" "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.)

Every item of information should be carefully supplied. AGE should be stated
USE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A P

MARGIN RESERVED FOR BINDING

HUGH STEPHENS, JEFFERSON CITY.