

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

County Warren Registration District No. 1162 File No. 17490
 Township Watkins Primary Registration District No. 5378 Registered No. 44
 Village _____ City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME William James Tate

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) married

6 DATE OF BIRTH April 5th 1856
 (Month) (Day) (Year)

7 AGE 59 yrs 11 mos 15 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Penn.

PARENTS
 10 NAME OF FATHER James Tate
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Belfast Ireland
 12 MAIDEN NAME OF MOTHER Eliza Scandred
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Belfast Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Tate
 (Address) and no

15 Filed May 10 1916 W. McFarland Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16, 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from far several years 1916
 that I last saw her alive on Mar 15 1916
 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
23A Tuberculosis of lungs
WJ
 (Duration) yrs mos ds.

CONTRIBUTORY (Secondary) _____ (Duration) yrs mos ds.
 (Signed) Sidney M. Farland
Mar 16 1916 (Address) and no

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

19 PLACE OF BURIAL OR REMOVAL Victor Cem. DATE OF BURIAL Mar 17, 1916

20 UNDERTAKER Henry Heroin ADDRESS and no

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.

Standard Certificate

American Public Health

precise statement of 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

ages, as *Servant, Cook, Housemaid, Planter, Physician, Engineer, Civil engineer*, etc., by cases, especially in primary to know (a) the nature of the business or occupation and line is provided for use only when needed.

(a) *Mill*; (a) *Salesman, Automobile factory*. The nature of the second statement: *Foreman, Manager,*

specification, as *Day laborer, Mine, etc.* Women of the household (receive a definite salary), *work, or At home, and At school or At home.* Specifically the occupations 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*.

Medical Association. The nature of the consequences (e. g., under the head of "Consequences on statement of cause of death") should be stated under the head of "Consequences on statement of cause of death" and not under the head of "Medical Association."

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, 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.)