

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.

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

20339

PLACE OF DEATH
County Adair
Township _____
or _____
Village Brakes
or _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1 File No. _____
Primary Registration District No. 4001 Registered No. _____

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

FULL NAME William Conway

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED wid.
(Write the word)

DATE OF DEATH June 10, 1916
(Month) (Day) (Year)

DATE OF BIRTH Aug - 24, 1838
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept, 1915, to June, 1916, that I last saw him alive on June 10, 1916, and that death occurred, on the date stated above, at 6:20 p.m. The CAUSE OF DEATH* was as follows:

AGE 77 yrs. 9 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?

Cause of Death Cancer of face
52.
(Duration) 1 yrs. ___ mos. ___ ds.

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

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) H. M. Humphrey M. D. June 11 1916 (Address) Brakes, Mo.

BIRTHPLACE (City or town, State or foreign country) Ohio Co Ind

PARENTS NAME OF FATHER Daniel Conway BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio Co Ind
MAIDEN NAME OF MOTHER Angeline Weaver BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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 _____

(Informant) S. J. Conway
(ADDRESS) Kirksville

PLACE OF BURIAL OR REMOVAL New Cemetery DATE OF BURIAL June 11, 1916
UNDERTAKER Gavin & Wilson ADDRESS Kirksville

Filed June 11 1916 A. M. Barnes REGISTRAR

140

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*, *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.)

WRITE PLAIN, WITH UNFADING INK—TELETYPE IS A P. IMANB. R. CORE.

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

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

1 PLACE OF DEATH
 County Adair
 Township Brashear
 Village Brashear
 City Brashear (NO. 1 St. 1 Ward) 1

Registration District No. 1
 Primary Registration District No. 4001
 Registered No. 1

2 FULL NAME William Conway

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OF RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u>	16 DATE OF DEATH	<u>June 10</u> 191 <u>6</u>
6 DATE OF BIRTH	(Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended deceased from	(Month) (Day) (Year)	191 <u>6</u>
7 AGE	(yrs. mos. ds.)	that I last saw alive on	(Month) (Day) (Year)	191 <u>6</u>
8 OCCUPATION	(a) Trade, profession, or particular kind of work	and that death occurred, on the date stated above, at	(City or town, State or foreign country)	(M. D.)
(b) General nature of industry business, or establishment in which employed (or employer)		The CAUSE OF DEATH was as follows:	Satisfactory Information Supplied.	
9 BIRTHPLACE (City or town, State or foreign country)		(Duration) (yrs. mos. ds.)	Satisfactory Information Supplied.	
PARENTS	10 NAME OF FATHER	CONTRIBUTORY (Secondary)	(Duration) (yrs. mos. ds.)	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	(Signed)	(Address)	191 <u>6</u>
	12 MAIDEN NAME OF MOTHER	(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)	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	At place of death (yrs. mos. ds.)	In the State (yrs. mos. ds.)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. P. Conway</u> (Address) <u>Richsville, Mo.</u>	Where was disease contracted if not at place of death?	Former or usual residence	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed <u>Aug 1st 1916</u> <u>F. M. Barnes</u> Registrar	20 UNDERTAKER	ADDRESS		

SUPPLEMENTARY INFORMATION

Revised United States Standard Certificate of Death

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

66502

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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), *29ds.*; *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.)