

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

1 PLACE OF DEATH

County Boone
Township Columbia
or
Village
or
City Columbia Mo. (NO. _____) St.: _____ Ward)

Registration District No. 73 File No. 17734
Primary Registration District No. zone Registered No. 84

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

2 FULL NAME Ms Emma Joe Williams

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Negro 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

16 DATE OF DEATH May 17, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 19, 1890
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 1, 1917, to May 17, 1917, that I last saw her alive on May 17, 1917, and that death occurred, on the date stated above, at 6:30 p.m.

7 AGE 26 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

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

Periperal mania
Tubercle as a complication

9 BIRTHPLACE (City or town, State or foreign country) Boone Co. Mo.

14b 11B (Duration) yrs. 4 mos. 2 ds.

10 NAME OF FATHER John Hays

CONTRIBUTORY albuminuria
(Secondary) (Duration) yrs. 3 mos. - ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Boone Co. Mo.

(Signed) C. O. Benjamin M. D.
May 18, 1917. (Address) Columbia, Mo.

12 MAIDEN NAME OF MOTHER Mattie Colbert

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

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Boone Co. Mo.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
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) Herbert Williams

Where was disease contracted if not at place of death?
Former or usual residence _____

(Address) Columbia Mo. Rdt # 10

15 Filed May 18, 1917 James Gordon Registrar

19 PLACE OF BURIAL OR REMOVAL St. Maria DATE OF BURIAL 5/20, 1917

20 UNDERTAKER J. H. Procell ADDRESS Columbia Mo.

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 organ; "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.)

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1890-10-19
61-01-0681

117-5-17
26-10-29

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22
19

5-17
6-6-29

17-1-29

1917-5-17
1896-10-29

1890-5-25
26-7-22
1917-5-17

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23
42